

**IN THE UNITED STATES DISTRICT COURT FOR THE
MIDDLE DISTRICT OF ALABAMA
SOUTHERN DIVISION**

CHRISTINE BENNETT,

*

Plaintiff,

*

v.

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CIVIL ACTION NO. 1:06cv723-MHT

ARMY FLEET SUPPORT, LLC,

*

Defendant.

*

**DEFENDANT ARMY FLEET SUPPORT, LLC'S
NOTICE OF FILING EVIDENCE**

Defendant Army Fleet Support, LLC, hereby gives notice of filing of the following evidentiary submissions in support of its contemporaneously filed Motion for Partial Summary Judgment as to Plaintiff Christine Bennett's claims:

<u>Exhibit</u>	<u>Description</u>
A	Affidavit of John L. Hamlin;
B	Excepts from the Deposition of Christine Bennett and selected Exhibits thereto;
C	Affidavit of Ed Brown;
D	Affidavit of Tammie Brunson Maddox;
E	Affidavit of Thomas A. Green;
F	Affidavit of Jerry Fowler;
G	Affidavit of Tom Thomasino;
H	Affidavit of Thomas Ford;
I	PDR Electronic Library - Kadian Capsules; and
J	PDR Electronic Library - Lortab 10.

ARMBRECHT JACKSON LLP
Post Office Box 290
Mobile, Alabama 36601
Telephone: (251) 405-1300
Facsimile: (251) 432-6843

/s/ Kirk C. Shaw (SHAWK0466)

Attorneys for Army Fleet Support LLC

CERTIFICATE OF SERVICE

I hereby certify that on June 15, 2007, I electronically filed the foregoing with the Clerk of the Court using the CM/ECF system which will send notification of such filings to the following:

Jon C. Goldfarb (jgoldfarb@wcqp.com)
WIGGINS, CHILDS, QUINN & PANTAZIS P.C.
The Kress Building
301 19th Street North
Birmingham, Alabama 35203

Ethan R. Dettling (edettling@wcqp.com)
WIGGINS, CHILDS, QUINN & PANTAZIS P.C.
The Kress Building
301 19th Street North
Birmingham, Alabama 35203

/s/ Kirk C. Shaw (SHAWK0466)

EXHIBIT B

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
SOUTHERN DIVISION

COPY

CHRISTINE BENNETT,)

Plaintiff,)

VS.) CASE NO. 1:06cv723-MHT

ARMY FLEET SUPPORT,)

LLC,)

Defendant.)

The deposition of CHRISTINE BENNETT,
taken pursuant to Federal Rules of Civil
Procedure before Lisa M. Bryan, Court Reporter
and Notary Public, State at Large, at the Holiday
Inn Express, U.S. 84 & Boll Weevil Circle,
Enterprise, Alabama, on the 21st day of March,
2007, at approximately 9:00 a.m., pursuant to
notice.

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Q. I think you applied for employment with DynCorp in 1999?

A. Yes, sir. I looked for jobs in other places and put in applications in between that time.

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13 Q. Let me ask you -- I am going to ask you
14 about this in a minute. But just in your own
15 words, can you tell me what the job of an AAE&I
16 tech, that's armament, avionics, electrical, and
17 instrument technician, what the job duties
18 entailed when you began work there at DynCorp?

19 A. During which month?

20 Q. Well, when you --

21 A. Because when I first started, I went to
22 -- I was taken to several different projects, and
23 they each entailed a different thing.

1 Q. Okay.

2 A. It wasn't just I was thrown out here and
3 that was my job from the day I started until the
4 day I went out for my knee surgery. I worked in
5 several different areas that they have there.

6 Q. Well, just kind of walk me through, as
7 you recall, what jobs you got assigned to.

8 A. Okay. I worked for a time in the bore
9 sighting stall, which is where we work with
10 armament, and the avionics technicians work
11 together, to maintain the systems on the aircraft
12 for the gunnery and sight systems. I also worked
13 unscheduled maintenance, which means anything
14 that just pops up out of the blue that the flight
15 line crew doesn't have time to fix and it's not
16 set for scheduled maintenance. Then that was
17 something that we would fix at the time.

18 I also worked out on the flight line for
19 a time. On the flight line, we dealt with the
20 aircraft itself also, again, but at this point,
21 we were dealing with the pilots and the students
22 in there a lot of the times. Sometimes they
23 weren't out there. Sometimes it was something

1 that we fixed when they returned.

2 I worked in the hangar for a short time
3 during a phase to see what they did in the phase
4 barn. I also worked in the EETF. And I also
5 worked on 58-Ds for a while.

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A. On March 20th?

Q. The day that you were injured.

A. No, it was the next morning.

Q. Okay. And then the following day, you went to see Dr. Granger?

A. Yes.

Q. And Dr. Granger allowed you to return to work doing light-duty work; did he not?

A. (Nods head.)

Q. Did you come back --

A. Yes, he did.

Q. -- the same day you went to see Dr.

1 Granger?

2 A. Yes, sir. I came back to work, and I
3 worked up until the first day of surgery.

4 Q. What did you do during that interim?

5 A. I worked doing different things in and
6 around and for the EETF.

7 Q. Light-duty work?

8 A. Yes. Paperwork.

9 Q. Sitting at a desk?

10 A. Paperwork, pulling cards out of
11 different boxes.

12 Q. And he did the first surgery on you, I
13 believe, on April 12th of 2002?

14 A. Yes.

15 Q. It was an arthroscopic procedure?

16 A. Yes.

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Q. -- employee? Now, you had your first knee replacement on January 17th of 2003?

A. Yes.

Q. And you did not return to work for DynCorp after that date, did you?

A. No. Actually I started to. I kept bugging Dr. Granger about letting me go back, and he was going to return me -- we were -- he was in the process of getting the paperwork together to return me to work when I started having some problems. And I wound up not going back because, at that point, we were trying to figure out what the problem with my leg was.

Q. And eventually you had some surgery, and it was determined you had infection there in the knee?

A. Well, when I went in, he originally told me that he was going to go in to see if the bottom portion of the original total knee that he had put in was maybe causing a problem. And originally it was going to be a revision of the bottom portion of the knee. He wasn't sure

1 whether he needed to change the thing or whether
2 maybe it had slipped some with the glue. But
3 when he got in there, he realized that it was
4 infected, so he took both pieces out.

5 Q. And put in its place a temporary knee
6 with some cement that had some antibiotics --

7 A. Yes.

8 Q. -- impregnated in it?

9 A. Yes.

10 Q. That was to resolve the issue with the
11 infection?

12 A. That, and a PIC line.

13 Q. Then he came back on December 9th of
14 2003 and installed a permanent knee; is that
15 right?

16 A. Yes.

17 Q. And that's the last knee surgery you've
18 had?

19 A. Yes.

20 Q. So in summary, you had four surgeries on
21 your knee, the arthroscopic surgery, a knee
22 replacement in January of '03, the temporary
23 replacement to solve the infection problem, and

1 then a permanent knee in December of '03?

2 A. Yes.

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Q. Yeah. Now, one week later -- this was

1 done on April 6th of 2004. And I think on April
2 13th, Dr. Granger stated that you had reached
3 maximum medical improvement?

4 A. Yes.

5 Q. Does that sound right?

6 A. I think that's the date. Either the
7 13th or the 14th. I don't remember.

8
9 (Whereupon, Defendant's Exhibit 19
10 was marked for identification
11 and is attached hereto.)
12

13 Q. I'm going to hand you Defendant's
14 Exhibit 19. I don't know that you have seen
15 this. Let me ask you if you did see that? This
16 is Dr. Granger's letter to the case manager on
17 your worker's comp claim, informing them that you
18 had reached maximum medical improvement on April
19 13th of 2004.

20 A. I have not seen it, but --

21 Q. That date, though, is consistent with
22 your memory?

23 A. Yes.

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Q. Well, let's drop back on another subject. You made a worker's comp claim against DynCorp?

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A. Yes.

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Q. You filed suit?

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A. Yes.

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23

Q. And in that regard, you had a functional capacity evaluation in April of 2004?

1 A. Yes.

2
3 (Whereupon, Defendant's Exhibit 16
4 was marked for identification
5 and is attached hereto.)
6

7 Q. I'm going to hand you what's been marked
8 as Defendant's Exhibit 16. Do you recognize this
9 as a summary of the results of that evaluation?

10 A. Yes.

11
12 (Whereupon, Defendant's Exhibit 17
13 was marked for identification
14 and is attached hereto.)
15

16 Q. And do you recognize Defendant's Exhibit
17 17 as the Measurements & Assessment for Physician
18 Determined Impairment that was done along with
19 this evaluation?

20 A. Yes.

21
22 (Whereupon, Defendant's Exhibit 18
23 was marked for identification

1 and is attached hereto.)

2
3 Q. And then do you recognize this Exhibit
4 18 as more details about the evaluation?

5 A. Yes.
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1 the cartilage was torn. Also, that he had to
2 remove torn cartilage. And there were also
3 several tears in the ligaments and what not. I
4 think the phrase he used when he told my mother,
5 that when he got in there, it was a mess.

6 Q. This is not the first problem you've had
7 with that right knee, is it?

8 A. No.

9 Q. And you had two surgeries before?

10 A. Yes.

11 Q. And it goes all the way back to junior
12 high school?

13 A. Eighth grade year.

14 Q. And you injured yourself, was it
15 cheerleading?

16 A. No.

17 Q. How did you --

18 A. At P.E.

19 Q. All right. And so you had the two
20 surgeries before you went to work for DynCorp?

21 A. Yes.

22 Q. Now, after your surgery on April 12th of
23 2002, you didn't return to work for DynCorp until

1 August or September of that year; is that
2 correct?

3 A. Right.

4 Q. Now, do you recall precisely when you
5 returned to work for DynCorp?

6 A. I believe it was August 26th. I'm not a
7 hundred percent positive on that.

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1 Q. Now, you actually visited Dr. Granger on
2 the 14th of April.

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4 (Whereupon, Defendant's Exhibit 20
5 was marked for identification
6 and is attached hereto.)
7

8 Q. And I am going to show you Exhibit 20,
9 which is notes from Dr. Granger's medical file on
10 you. Do you see there at the top the notes of
11 visit on April 13th, 2004?

12 A. Yes.

13 Q. Do you recall that visit?

14 A. Yes.
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19 Q. And you rated your pain at about a 6 on
20 a scale of 0 to 10?

21 A. Yes.

22 Q. Now, he also wrote you a Return to Work
23 Slip on that date.

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(Whereupon, Defendant's Exhibit 21

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was marked for identification

4

and is attached hereto.)

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Q. I'm going to show you Exhibit 21. Do

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you recognize this?

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A. Yes.

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Q. And on it he said you may return to work

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that day, subject to the work restrictions based

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on the functional capacity evaluation?

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A. Yes.

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Q. And did you take that out to AFS?

14

A. The next morning, because I believe --

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it was either that afternoon or the next morning.

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I believe that afternoon, by the time we got out

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of his office, the HR department was already

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closed for the day. They close at 3:30. So I

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believe it was the next morning. I'm not

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positive.

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1 and is attached hereto.)

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3 Q. Let me show you what's been marked as
4 Defendant's Exhibit 22. Now, this is an e-mail
5 from Chad Falcon to Mr. Brownell responding to
6 his inquiry. And apparently Mr. Brownell passed
7 this message on to you, because it came out of
8 your -- this particular copy came out of your
9 file.

10 A. Yes. This was something that I got a
11 copy of at arbitration.

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1 Q. Oh, I'm sorry. Never mind. Strike
2 that. Who did you turn it into at AFS?

3 A. I believe Darlene is the one that I
4 handed this to.

5 Q. The first person you handed it to?

6 A. Yes.

7 Q. Do you know Tammy Maddox?

8 A. Yes.

9 Q. Was it Tammy Maddox perhaps that you
10 gave it to?

11 A. It may have been. I get -- they both
12 have dark hair, and I haven't seen them enough to
13 know sometimes --

14 Q. Did you --

15 A. -- which one it was I gave what to.

16 Q. Did you talk with Arlene first?

17 A. When I went in, signed in to turn this
18 in -- and it may have been Tammy, because I think
19 she's the one that had the desk over off to the
20 left when you come into the Department of Human
21 Resources at the time. She was the one that had
22 taken Chad Falcon's position, so that's probably
23 who I talked to first. That's who this was given

1 to.

2 Q. Okay. And what do you recall of the
3 conversation between you and her?

4 A. I gave this -- I opened the envelope and
5 gave her this letter here that says To Whom It
6 May Concern, the medical pass, and told her that
7 my doctor's office had just returned these to me,
8 and that I was returning them -- or I was turning
9 them into them to try to return to work.

10

11 (Whereupon, Defendant's Exhibit 37
12 was marked for identification
13 and is attached hereto.)
14

15 Q. Is Defendant's Exhibit 37 a copy of the
16 medical pass that you gave to Tammy with those
17 other documents?

18 A. I am not a hundred percent sure.

19 Q. Well, do you recognize Dr. Granger's
20 signature down at the bottom of that page?

21 A. Yes.

22 Q. And the date, January 13th, 2005?

23 A. Yes.

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Q. Did the company put you back to work?

A. No.

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(Whereupon, Defendant's Exhibit 29
was marked for identification
and is attached hereto.)

Q. Let me show you Defendant's Exhibit 29.
Do you recognize this as the charge of
discrimination --

A. Yes.

Q. -- that you filed with the EEOC?

A. Yes.

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(Whereupon, Defendant's Exhibit 41
was marked for identification
and is attached hereto.)

Q. I'm going to hand you what's been marked
as Defendant's Exhibit 41. Is this the Dismissal
and Notice of Rights letter that you received
from the EEOC regarding your charge of
discrimination against AFS?

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A. That's not exactly an easy question to answer. Like I said, it has been a while since I've been out there. And I know that we have had people out there who have been on crutches before, who have worked the flight line and have been able to do it every day during the short time that they were, whether it was six weeks, eight weeks, whatever. They worked the flight

1 line. Their partners worked with them. The
2 other crews out there worked with them. No one
3 had a problem with it. And they were able to do
4 it.

5 They did the ground work. They did the
6 paperwork, anything that needed to be done that
7 didn't deal with a lot of heavy lifting or
8 something like that. That's what that particular
9 person did. I know it's been done before.

10 Q. Who do you say has done this before that
11 used crutches?

12 A. Steve Milstead.

13 Q. And he was an AAE&I tech?

14 A. Yes, sir.

15 Q. And what was his problem that required
16 him to use a crutch?

17 A. He broke his foot and he used two
18 crutches.

19 Q. Do you know how long he had to use
20 crutches?

21 A. That, I'm not sure. I know it was
22 several weeks.

23 Q. And what did he do during the time he

1 was working, using crutches?

2 A. He was a leadman, but he had to go get
3 parts and put them in his truck for those that
4 worked out on the flight line. He was a flight
5 line lead. He had to get parts. He had to walk
6 and put them in his truck, take them out to the
7 flight line. But, again, people worked with him.
8 They made sure that he was able to do his job.

9 Q. Now, leadman -- like you said, he has a
10 truck. His duties wouldn't be the same as
11 somebody in your situation, would they?

12 A. Actually, according to the job
13 descriptions, the leadman has to be able to do
14 the essential functions and duty of the
15 classification that he is leading.

16 Q. But does he ordinarily get out there and
17 work with the tools like --

18 A. Yes.

19 Q. -- the AAE&I techs?

20 A. There are many, many times that -- more
21 often than not, your lead is over there helping
22 you do something.

23 Q. How was he accommodated by others that

1 he's working with during the time he was on
2 crutches?

3 A. They helped him with carrying parts,
4 putting them in the truck for him, carrying
5 books, manuals for the aircraft. I don't
6 remember all of the things. I know they carried
7 his tool box out, put it in his truck for him, in
8 the back of his truck for him so that he could
9 get to it in case he needed his tools.

10 Q. Did he? I mean, did he work doing the
11 tasks that he would have done before he broke his
12 foot?

13 A. My understanding was that he did, but I
14 was not allowed on the flight line or on the
15 airfield itself at that point, and so I don't
16 know. I can't tell you. I didn't see him
17 myself.

18 Q. You did not see --

19 A. Right.

20 Q. -- him do it? Why were you not allowed
21 on the flight line?

22 A. Because I had not been accommodated to
23 go to any sort of work out there at this point.

1 Q. No, I'm talking about at the time that
2 he was injured. Were you --

3 A. I wasn't at work.

4 Q. -- working when he was injured?

5 A. No, sir.

6 Q. Oh, okay. So this is what others have
7 told you; is that right?

8 A. Yes.

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18 Q. Now, let me go back to -- you mentioned
19 somebody at DynCorp that was being allowed to
20 take a morphine pump. Who was that?

21 A. Jerry Fowler.

22 Q. And what did he do?

23 A. He is an AAE&I technician.

1 Q. And what specifically was he doing?

2 A. He was in the EETF.

3 Q. And is that something he was doing
4 permanently or something that he did for a short
5 while?

6 A. The morphine pump?

7 Q. The morphine pump?

8 A. My understanding is he is not using it
9 right now.

10 Q. I mean, while you were at DynCorp, did
11 he use it all of the time there; do you know?

12 A. Yes, he used it -- it was on all of the
13 time. He had his little bag. As a matter of
14 fact, it was in -- I don't remember if it was
15 injected into his neck up here where it directly
16 went in, but he had a little bag that he had to
17 wear that it was constantly giving him doses of
18 morphine all day long.

19 Q. What was the problem that necessitated
20 the morphine pump?

21 A. He had a sinus surgery that went bad
22 years ago, and they tore the sack of his brain
23 when they went in to do the sinus surgery, and so

1 he has a lot of problems with dizziness and pain
2 and balance and what not. And he's taken a
3 variety of pain medications over the years. He
4 gets severe migraines. And there have been many
5 times that he's had to lay his head down on his
6 desk, take a pain pill and lay his head down on
7 his desk and take a nap for a little while, to
8 try see if he can get rid of his headache.

9 Q. Is he working for AFS?

10 A. Yes.

11 Q. Still in the EETF shop?

12 A. Yes.

13 Q. But you don't know if he is still --
14 well, you said he is not using the morphine pump
15 now?

16 A. I don't know if he is using anything
17 else right now at home or not. I am sure he
18 probably is, because I know that the severity of
19 the headaches that he was having, he's taking
20 some sort of narcotic -- he's got to be taking
21 some sort of narcotic, because he has just been
22 -- his headaches are almost debilitating. Well,
23 they are debilitating.

1 Q. When was the last time you talked to
2 him?

3 A. Right before my arbitration case.

4 Q. That would have been in May of --

5 A. '06.

6 Q. -- 2006?

7 A. Uh-huh.

8 Q. Did he testify in that case?

9 A. No, he didn't.

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21 Q. Now, were there any other employees at
22 DynCorp that were taking morphine or narcotics --

23 A. There are --

1 Q. -- that you were aware of?

2 A. There have been a number of them that
3 have come through. Some of them have been on a
4 short-term basis. I know we had an armament guy
5 that had to take -- he took Lortab, 10s, all day,
6 every day just about, because of the severe
7 rheumatoid arthritis that he had in all of his
8 joints.

9 Q. Who was that?

10 A. Bullet.

11 Q. Bullet?

12 A. Bullet.

13 Q. Do you know his real name?

14 A. I believe it's Perry Phelps.

15 Q. F-e-l-t?

16 A. No. P-h-e-l-p-s.

17 Q. Oh, Phillips. I'm sorry.

18 A. No. Phelps.

19 Q. P-h-e-l-p-s?

20 A. P-h-e-l-p-s. Some of them, we go by
21 nicknames, and it's hard --

22 Q. Sure.

23 A. -- to remember what their real name is.

1 Q. I understand. Now, was that for a
2 limited duration, or did you understand he was
3 taking Lortab --

4 A. No. My understanding was he had to take
5 it all day, every day. His -- you had to
6 understand, his hands were just -- I mean, his
7 hands are severely --

8 Q. Deformed?

9 A. -- deformed because of the arthritis.
10 He's had to have several surgeries done on his
11 feet because of the deformation of the arthritis.

12 Q. Anybody else that you knew of at DynCorp
13 that was --

14 A. There were quite a few folks that came
15 through on a six to eight-week basis that I know
16 for a fact that they were taking different forms
17 of narcotic pain medication on the job, that they
18 were told that, you know, if you have to take
19 something, you just let your supervisor know.

20 We had one girl that was taking Lortab,
21 10s, every four hours. She was a QC. And her
22 supervisor told her that when she took one of her
23 pills, if she started feeling sleepy or whatever,

1 just lay her head down on her desk and take a
2 nap.

3 Q. Who was that?

4 A. Stacie -- I don't remember her last
5 name.

6 Q. Stacie?

7 A. I believe it was Stacie. I know Tammy
8 has had -- I can't remember Tammy's last name
9 either.

10 Q. Let me ask you. What was Stacie's job?

11 A. Quality inspector.

12 Q. Would she have been an inspector on what
13 the AAE&I techs do?

14 A. She went around, I think, and inspected
15 parts and stuff like that. She wasn't assigned
16 to the flight line, to my knowledge. My
17 understanding was she did parts and --

18 Q. All right. Do you know if -- is she
19 working for AFS?

20 A. Yes.

21 Q. In quality?

22 A. I believe so. She may not be there now.
23 She's changed a couple of times to different

1 positions.

2 Q. What about Bullet?

3 A. He just recently retired.

4 Q. And then Tammy -- what --

5 A. I can't remember her last name. I don't

6 remember what she did out there. I just know

7 off, every once in a while, you would see her.

8 She was -- she would break her foot. She'd

9 finally get it healed, and about five or six

10 months later, she'd come back and hurt her knee

11 or something. I mean, she was accident prone, I

12 guess.

13 Q. And you say she was taking what?

14 A. I don't remember exactly. I know it was

15 a narcotic, but I can't remember if it was Lortab

16 or Lorcet or -- it was in the family.

17 Q. Anybody else you know of that were

18 taking narcotics while working at DynCorp?

19 A. There were several. Off the top of my

20 head, I can't remember names right now. I mean

21 -- (stops talking).

22 Q. Was Tammy -- is she employed by AFS?

23 A. I believe she's still employed by them.

1 Q. I understand. Now, was that for a
2 limited duration, or did you understand he was
3 taking Lortab --

4 A. No. My understanding was he had to take
5 it all day, every day. His -- you had to
6 understand, his hands were just -- I mean, his
7 hands are severely --

8 Q. Deformed?

9 A. -- deformed because of the arthritis.
10 He's had to have several surgeries done on his
11 feet because of the deformation of the arthritis.

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Q. Let me back up a second. To your knowledge, did DynCorp have any permanent light-duty jobs for AAE&I techs?

A. That are actually listed as permanent, no.

Q. Did they have any permanent light-duty jobs, whether it's listed or not?

A. Yes.

Q. DynCorp did?

A. Yes.

Q. Who filled these positions?

A. Jerry Fowler fills one of them.

Q. All right. Anybody else?

A. There is -- Bullet worked in a light-duty position for years because of his arthritis. I mean, they -- they've got numerous people out there who have handicaps that have been allowed to stay in their classification, and have been afforded accommodation as they need it to be able to do their job.

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A. Tony Ford is another one who has -- I think it's Tony Ford, or maybe it's Tom Ford. I don't remember. I know he's got back problems, and he is in a clerk's position, but I believe he was a mechanic when he hurt his back. I don't remember.

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Q. But his permanent job is clerk?

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A. It is now.

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Q. He's not working as a mechanic --

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A. No, not anymore...

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(Whereupon, Defendant's Exhibit 15
was marked for identification
and is attached hereto.)

Q. I'm going to hand you what has been
marked as Defendant's Exhibit 15. These are the
records of Dr. Flanagan.

A. Uh-huh.

Q. You started getting -- Dr. Flanagan is
the physician responsible for your pain

1 management; is he not?

2 A. Yes.

3 Q. And you started with him in, I think,
4 March or February of 2003, after your first total
5 knee replacement; is that right?

6 A. Yes.

7 Q. And do you recognize this exhibit as a
8 list of the medications you took beginning in
9 April of 2003, and through October of 2006?

10 A. It looks fairly accurate, yes.

11 Q. I mean, do you see any errors in it?

12 A. No, I don't see any errors.

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12 Q. Well, I noticed he switched you over to
13 Kadian in December of '03.

14 A. Yes.

15 Q. And you've been taking Kadian ever
16 since?

17 A. Yes.

18 Q. And in April of '04, you would have been
19 taking it at that point daily, Lortab, 10
20 milligrams, twice a day, Flexeril, 10 milligrams,
21 twice a day, and then Bextra and Prevacid. Is
22 that right?

23 A. No, the only two for 4/15 --

1 Q. Oh, I'm sorry. I'm looking at the wrong

2 --

3 A. -- was Lortab and Kadian.

4 Q. Okay. Well, before that, on March 22nd,
5 you had been prescribed Bextra and Prevacid?

6 A. Yes.

7 Q. And Flexeril?

8 A. (Nods head.)

9 Q. At that point -- all right. I noticed
10 on the March 22nd, on the Kadian -- do you see
11 that line?

12 A. Yes.

13 Q. You were prescribed 62 tablets at 60
14 milligrams each, and you were back for a refill
15 on that on April 15th. And he gave you at that
16 time a prescription for then and a prescription
17 for May and a prescription for June. Again, 62
18 tablets. So it appears at that point that you
19 were taking two a day.

20 A. That's what he had prescribed it for.

21 Q. And that's what you were taking, right?

22 A. Yes, at that time.

23 Q. And do you continue taking two a day?

1 A. I take two a day right now.

2 Q. Okay. And are you still taking Lortab?

3 A. For a breakthrough when needed, yes.

4 Q. Well, it looks like the last
5 prescription on that one was two a day, and then
6 additional as needed. This is back in October of
7 '06. Is that the way you take it, two a day, and
8 then if you need another one, you take a third
9 one?

10

11 MR. DETTLING: Object to the form.

12

13 A. No. I take it when I need it. There
14 may be days that I don't take it at all. There
15 may be days that I may have to have two. There
16 may be days that I have to have three.

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Q. -- employee? Now, you had your first
knee replacement on January 17th of 2003?

A. Yes.

Q. And you did not return to work for
DynCorp after that date, did you?

A. No...

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12 Q. Had you talked to anybody out there
13 about returning to work before that day?

14 A. After the last surgery?

15 Q. Well, any time when AFS was the
16 contractor at Ft. Rucker.

17 A. No. That was the first --

18 Q. The first occasion to talk to anybody?

19 A. Yes.

20 Q. Okay. And what do you recall of your
21 conversation with Mr. Falcon?

22 A. Well, when I went in to see him, I gave
23 him this particular sheet of paper right here,

1 which shows the --

2 Q. You're pointing to the document marked
3 Granger 159?

4 A. Yeah, and it's Exhibit 16.

5 Q. Okay.

6 A. I went in and gave him this page,
7 because this is what Dr. Granger said, Just go in
8 and hand them this. That will show them what
9 your weight limits are. I went in and turned
10 that into him at work. Told him that I wanted to
11 return to work, that it was going to be
12 restricted, as he could see on the paper. And he
13 told me that he didn't have a file on me. He
14 would make some phone calls and would get back
15 with me as to when I could return to work.

16 Q. Was that all of the conversation that
17 y'all had on that occasion?

18 A. On that day, yes.

19 Q. And what happened next?

20 A. I went back in probably a day or two
21 later. I didn't waste much time in continuing to
22 go back up there to see if they had gotten
23 answers for me. And was told at the time that --

1 the second time that I went in to see him, I was
2 told that they could not accommodate my
3 restrictions at that time, and that if I wanted
4 to, that I could call DynCorp and request that
5 they give me a job working with them somewhere in
6 this area or somewhere where they had a position
7 available.

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DynCorp - Fort Rucker Division**Job Description****ARMAMENT, AVIONICS, ELECTRICAL, AND INSTRUMENT TECHNICIAN**

SUMMARY: Performs inspections, checks, troubleshooting, repair, overhaul, maintenance and preservation of avionics and similar equipment. Performs calibration of tools and equipment. Performs boresighting operations.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

1. Must be able to work with and maintain standard and non-standard test equipment, instruments, meters, and gauges used in troubleshooting, repair, and overhaul of aircraft armament, avionics, electrical, and instrument systems.
2. Performs inspection, functional check, troubleshooting, modification, repair, overhaul, and maintenance and preservation of avionics, radio, electromechanical, radar, navigation, autopilot, automatic stabilization, instrument, ASE equipment, photo and armament systems, components, and parts.
3. Works with design, test, and development personnel in adapting new armament, avionics, electrical, and instrumentation designs to aircraft installations; and fabricates/assembles the needed wires, panels, and test and recording devices to accomplish the assigned job.
4. Performs in-house calibration requirements of tools and equipment used by employees in this and lower classifications.
5. May be required to participate in aerial flights.
6. Performs boresighting operations that require both mechanical and electrical adjustments. This classification will work with the classification of Aircraft Armament Technician in accomplishing the boresighting operation. When boresighting operations require only mechanical adjustments, i.e., when there are no electrical testing or adjustments in the boresighting operation, the Aircraft Armament Technician will be assigned to perform the boresighting operation.

OTHER DUTIES AND RESPONSIBILITIES:

1. Must be able to write, read, and understand and work with blueprints, schematic and engineering drawings, sketches, wiring diagrams, printed circuits and cards, manufacturer's specifications, maintenance manuals, and other reference sources used in avionics, radio, instrument, radar, navigation systems, autopilot, automatic stabilization, photography, armament, and electromechanical fabrication, maintenance, repair, and overhaul.
2. May be required to obtain aircraft run-up authorization.
3. Completes and maintains records and reports as functional assignments require.
4. Operates aircraft towing equipment in aircraft towing operations.

EDUCATION AND EXPERIENCE:

1. High school diploma or equivalent—General Educational Development (GED) certificate.
2. Must be a graduate of a recognized school (civilian or military) or show equivalent qualifications for armament electronics/avionics maintenance, repair, and overhaul; or must demonstrate an ability to perform inspection, troubleshooting, major repair, modification, and overhaul of components in aircraft avionics, radio, NAVAID, radar, autopilot, electromechanical, instrument, ASE equipment, and armament systems.

OTHER REQUIREMENTS:

1. Must have a broad knowledge of AC/DC electricity, electromechanical components, radio and electronics (state-of-the-art) including radar and navigation, autopilot/automatic stabilization, and armament systems as used in aircraft.
2. Must have a knowledge of, and ability to apply, shop mathematics in the performance of the job.

May 2002

20



AFS 0002

**SOUTHERN BONE & JOINT REHAB
OCCUPATIONAL MEDICINE DIVISION
1480 ROSS CLARK CIRCLE, S.E.
DOTHAN, AL 36301**

April 06, 2004

D.Keith Granger, M.D.
Southern Bone & Joint Specialist, P.C.
1500 Ross Clark Circle, S.E.
Dothan, AL 36301

Patient: Bennett, Christine R.
SSN: 423-21-1807
DOI: 03/20/02
Test Date: 04/06/2004

Dear Dr. Granger:

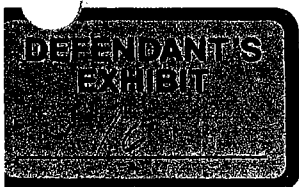
Thank you for referring Ms. Bennett for an FCE. It was performed on 04/06/2004 and she was very pleasant and cooperative.

MEDICAL RECORD NUMBER: 4099978

DIAGNOSIS: s/p Right TKA revision

OUTCOME SUMMARY

1. Regular Duty Job Title: Avionics technician
2. Regular Duty Physical Demands: MEDIUM-HEAVY by best estimate and from patient's verbal job description.
3. Valid FCE? Fully Valid with material handling, ROM, musculoskeletal exertion, etc...
4. Patient Physical Demand Level: LIGHT
5. Job Match? NO. The patient does not demonstrate the ROM, Strength, endurance, or balance to carry out the essential functions of an avionics technician with AFS. Several tests were stopped due to elevated HR.
6. Inappropriate Illness Behavior/Symptom Exaggeration? Minimal patterns identified.



7. Recommendations:

- a. Work release to the LIGHT physical demand classification within the FCE summary sheet guidelines due to poor CV fitness and limited muscular endurance, per judgment of Dr. Granger.
- b. The patient should be fine for constant sitting and upper extremity activity to include assembling, supply, etc., as well as occasional standing and walking activities as outlined on the FCE form.
- c. Continue PT with special emphasis on quad strengthening, gait, cardiovascular fitness, and balance activities.
- d. Perform impairment rating after 4-6 wks of intense CV/muscular endurance exercise if Dr. Granger feels that the patient is at MMI. This exercise may be performed in the pool to decrease joint forces as well as by focusing on UE aerobic exercise. The patient should be able to perform more standing activities if her CV/muscular endurance increases.

FCE RESULTS

The results indicate that Ms. Bennett is able to work at the LIGHT Physical Demand Level for an 8 hour day according to the Dictionary of Occupational Titles, U.S. Department of Labor, 1991. Her specific acceptable Leg Lift capability was 0.0 lb and Torso Lift capability was 30.0 lb. The patient is unable to squat, but can kneel occasionally as shown below. The detailed results are on the enclosed FCE form.

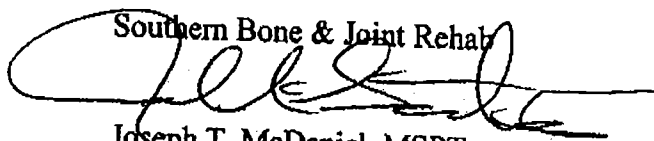
BLANKENSHIP SYSTEM RELIABILITY PROFILE

Ms. Bennett exhibited minimal symptom/disability exaggeration behavior by our criteria. She passed 22/26 validity criteria during the FCE, 85%, which suggests good effort and valid results which can be used for medical and vocational planning. Therefore, the minimal symptom/disability exaggeration classification did not affect the FCE results and may have been due to normal personality traits, anxiety regarding re-injury, a misunderstanding of the self report pain scales and other similar factors.

Again, thank you for referring Ms. Bennett for this evaluation. A more detailed narrative report is available upon request.


Sincerely,

Southern Bone & Joint Rehab



Joseph T. McDaniel, MSPT
Director Occupational Medicine

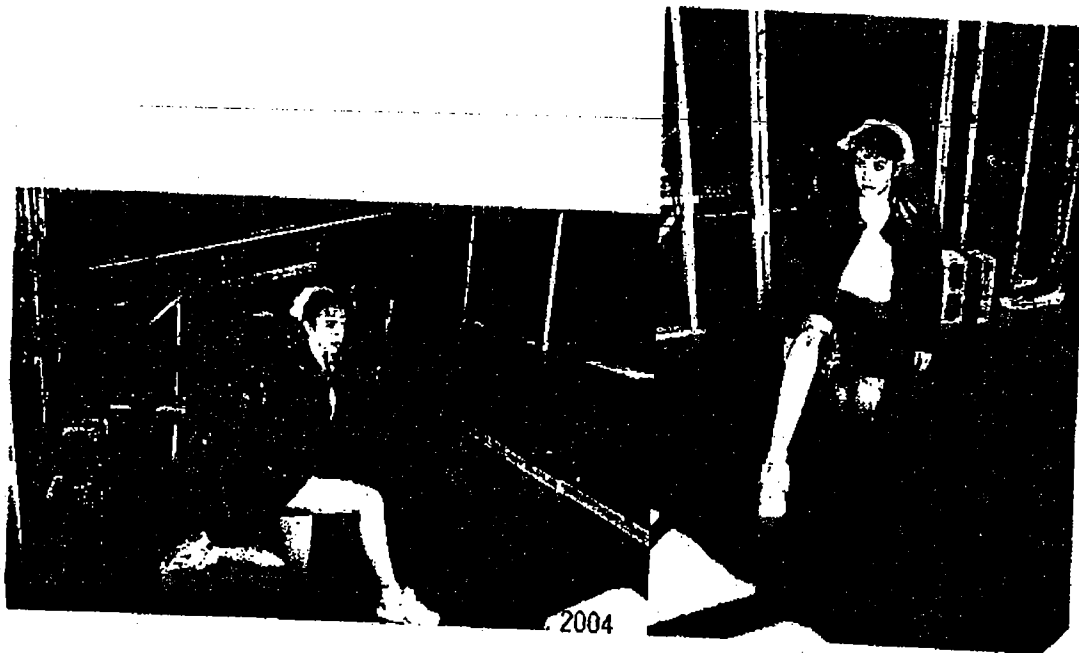
I agree with the above work release guidelines and certify them as medically correct.


D. Keith Granger, M.D.

4/14/04
Date

cc: Chad Falcon

Enclosures:



Name: Christine R. Bennett

Age: 35

Sex: F

Ht: 65.5

Wt: 120

FCE Date: 04/06/2004

Dx:

SSN: 423-21-1807

FUNCTIONAL CAPACITY EVALUATION**MATERIAL HANDLING ABILITY**

WORK ACTIVITY	POSTURE	INFREQUENT	OCCASIONAL	FREQUENT	CONSTANT
BARRIER LIFT		0 lb	0 lb	0 lb	0 lb
BACK LIFT		35 lb	30 lb	0 lb	0 lb
LEG LIFT		0 lb	0 lb	0 lb	0 lb
POWER LIFT		0 lb	0 lb	0 lb	0 lb
SHOULDER LIFT		25 lb	20 lb	0 lb	0 lb
OVERHEAD LIFT		25 lb	20 lb	0 lb	0 lb
TWO HAND CARRY		15 lb	5 lb	0 lb	0 lb
ONE HAND CARRY		15 lb	5 lb	0 lb	0 lb
WALKING PUSH/PULL		24/24 lb	20/20 lb	0 lb	0 lb
STANDING PUSH/PULL		24/24 lb	0 lb	0 lb	0 lb

NON MATERIAL HANDLING ABILITY

WORK ACTIVITY	POSTURE	QUALIFICATION	WORK ACTIVITY	POSTURE	QUALIFICATION
BENDING		OCCASIONAL	STAIR CLIMBING		INFREQUENT
SQUATTING		NO	LADDER CLIMBING		NO
KNEELING		OCCASIONAL	CRAWLING		NO

REPETITIVE & STATIC WORK ABILITY

WORK ACTIVITY	POSTURE	QUALIFICATION	WORK ACTIVITY	POSTURE	QUALIFICATION
SITTING		CONSTANT	ARM CONTROLS: RIGHT		LIGHT
STANDING		OCCASIONAL	LEFT		LIGHT
WALKING		OCCASIONAL	LEG CONTROLS: RIGHT		LIGHT
FORWARD REACHING		INFREQUENT	LEFT		LIGHT
OVERHEAD REACHING		OCCASIONAL	FINE HAND: RIGHT		YES
CRITICAL BALANCING		NO	LEFT		YES

WORK CLASSIFICATION**LIGHT****ADDITIONAL COMMENTS****AUTHORIZATION**

I certify that these FCE results represent the patient's current work ability within the limitations of the testing process.

EVALUATOR 04/06/2004

Date

Joseph T. McDaniel, MSPT

I agree with these work restrictions with any changes I have made. they can be used for the return to work process.

DOCTOR

Date

STRENGTH CLASSIFICATION	SEDENTARY	SEDENTARY-LIGHT	LIGHT	LIGHT-MEDIUM	MEDIUM	MEDIUM-HEAVY	HEAVY	VERY HEAVY
MATERIAL HANDLING	1-10 lb	11-15 lb	16-20 lb	21-35 lb	36-50 lb	51-75 lb	76-100 lb	Over 100 lb
SITTING	CONSTANT	CONSTANT	CONSTANT	CONSTANT	CONSTANT	CONSTANT	CONSTANT	CONSTANT
STANDING/WALKING	OCCASIONAL	FREQUENT	CONSTANT	CONSTANT	CONSTANT	CONSTANT	CONSTANT	CONSTANT
FREQUENCY DEFINITIONS		INFREQUENT	OCCASIONAL	FREQUENT	CONSTANT			
PERCENT OF DAY		1-2%	3-33%	34-66%	67-100%			
MATERIAL HANDLING REPETITIONS		1-4	5-32	33-250	251-2,000			
NON-MATERIAL HANDLING REPETITIONS		1-4	5-32	33-250	251-2,000			
REPETITIVE WORK REPETITIONS		1-50	51-250	250-1,000	1,000-20,000			

NOTE: Extrapolations May Have Been Included
NOTE: Normal Breaks are Assumed for All Workers

The Blankenship System Functional Capacity Evaluation

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Granger 159



**SOUTHERN BONE & JOINT REHAB
OCCUPATIONAL MEDICINE DIVISION
1480 ROSS CLARK CIRCLE, S.E.
DOTHAN, AL 36301**

MEASUREMENTS & ASSESSMENT FOR PHYSICIAN DETERMINED IMPAIRMENT

PATIENT: CHRISTINE BENNETT (99978)
SSN: 423-21-1807
DIAGNOSIS CODE: RIGHT TOTAL KNEE REVISION
REFERRING PHYSICIAN: KEITH GRANGER, M.D.
PHYSICAL THERAPIST: JOSEPH MCDANIEL, MSPT

04/06/04

Dear Dr. Granger:

Ms. Bennett was evaluated for impairment consideration regarding her S/P right total knee arthroplasty revision. This evaluation is conducted to the AMA Guides to the Evaluation of Permanent Impairment, 4th Edition, hereafter referred to as The Guides.

LOSS OF MOTION: Right knee 5° to 90°.

STRENGTH: Grossly 4+/5 throughout the right knee.

EDEMA: Girth measurements revealed 36cm at the right knee joint, 35cm at the left knee joint.

QUAD ATROPHY: Girth measurements revealed 37cm on the right at 10cm above the superior patella, and 41cm at the left knee at 10cm above the superior patella.

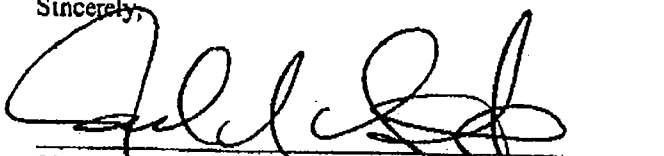
STATIC POSTURE: The knee is held in approximately 8° of valgus.

PAIN: The patient is reporting constant pain in a 7-8/10 range.

RECOMMENDED IMPAIRMENT: The diagnosis based impairment method was used, which is tables 64 and 66 in The Guides. Consideration is given to pain, in which the patient scored 10 points; range of motion, in which the patient scored 19 points; stability, in which the patient scored 25 points; then deductions are made based on alignment of the knee flexion contracture and extension lag. The patient has a 5° extension lag, which scored her five points. No flexion contracture, and the knee is held in 8 to 9° of valgus, which scored the patient six points. This results in 54 minus 11, for a total of 43 points. This converts to an impairment of 75% of the lower extremity and 30% of the whole person, per table 64 in The Guides and is the recommended impairment at this time.

Thank you very much for this referral. Please let me know if there are any questions or considerations you would like to see included with this impairment evaluation.

Sincerely,


JOSEPH MCDANIEL, MSPT
DIRECTOR, OCCUPATIONAL MEDICINE DIVISION

JM/mt

DD: 04/08/04
DT: 04/12/04



Granger 154

PATIENT:
SSN:

CHRISTINE BENNETT ()
423-21-1807

04/06/04
PAGE 2

I agree with the above Impairment Rating and certify as medically correct.



KEITH GRANGER, M.D.

4/14/04
DATE

The Blankenship System

FCE

DETAILED NARRATIVE REPORT

Patient: Bennett, Christine R.
SSN: 423-21-1807
DOI: 03/20/02
Test Date: 04/06/2004

INFORMED CONSENT

Prior to the evaluation, informed consent was obtained. Ms. Bennett was informed that she would not be asked to perform any activity she did not feel she could perform and she could stop any test secondary to pain, if she desired. She was instructed to exert her best effort on each test with no pain increase.

PERSONAL DATA

Height: 65.5 inches
Weight: 120 lb
Age: 35
Body Build: Average
Race: Caucasian
Smoking History: less than 1 pack/day
WC or PI Attorney:

PROBLEM

Ms. Bennett reports an injury on 03/20/02 and she reports the following information about her injury:

Primary Injury: Knee Side: Right

History: 35 YOWM who tripped over a box while working on 3/20/02 resulting in injury. Subsequently she has had 4 knee surgeries with the most recent being a TKA revision due to staph. infection on 12/9/03.

Diagnosis: Right TKA

Procedures: same

Symptoms: pain, swelling, trouble walking, very weak muscles

Cardiac History: No

Hypertension: No

Medications: No

Bennett, Christine R.



Sinus Rhythm: Regular

Job Specific: Yes

DOT Category: Professional, Technical and Managerial

Occupation: Avionics technician

Critical Demands:

climbing of aircraft
squatting, bending, lifting, kneeling
frequent lifting of 30 pounds

Estimated PDC: MEDIUM

DAILY 24-HOUR PROFILE

Prior to the evaluation, the patient is asked how a typical day is spent between sleeping, walking, and sitting. The total must equal 24 hours. The patient's results are below.

Sleeping or Lying	8 hrs.
Standing or Walking	6 hrs.
Sitting	10 hrs.
TOTAL	24 hrs.

Ms. Bennett reports that she has a driver's license and can drive or ride in a car for 1 hours before needing a rest.

POSTURE

The patient's joint posture(s) are characterized by the following:

KNEE

Genu Valgus
Standing with Knee Flexion
Quad Atrophy Right

ANKLE & FOOT

Right Foot Supination (Varus)
Right Calf Atrophy

Neurological - Back & Lower Extremities

	<u>LEFT</u>	<u>RIGHT</u>
L2	N/T	Normal
L3	N/T	Decreased
L4	N/T	Normal
L5	N/T	Decreased
Regional Loss		No

TENDERNESS

Palpation was performed for deep tenderness and the following areas were found to be tender:

KNEE

	<u>LEFT</u>	<u>RIGHT</u>
Joint Swelling	N/T	Moderate
Patella	N/T	Slight
Medial Joint Line	N/T	Moderate
Pes Anserinus	N/T	Moderate
Lateral Joint Line	N/T	Moderate

Bennett, Christine R.

MANUAL MUSCLE TESTING

The results of the Manual Muscle Test(s) are listed below.

<u>Muscle Tested</u>	<u>LEFT</u>	<u>RIGHT</u>	<u>DEFICIT</u>	<u>COGWHEEL</u>
<u>KNEE</u>				
Semitendinosus/Membranosus	N	N	0%	None
Biceps Femoris	N	N	0%	None
Quadriceps	N	N	0%	None

GONIOMETRY

Goniometry measurements were taken according to protocol described in Guides to the Evaluation of Permanent Impairment, AMA, 4th Edition, 1993. The patient is asked to move their joint as far as they are able to move and their maximum bending angle is documented. Repeat trial consistency is one of the primary validity criteria to determine if the results are valid and can be used as a measure of the patient's medical impairment and flexibility. Test validity is also determined by observing the patient's joint range of motion while they are distracted by another task. The data should not be used if the range of motion improves by distraction compared to the measured motion. Right to left deficits can be calculated to determine the amount of loss of motion due to the injury or disease. Goniometry may be used to determine improvement in a treatment or rehabilitation program. Ms. Bennett's results are listed below.

<u>KNEE</u>	<u>LEFT</u>	<u>RIGHT</u>
Flexion	135.0	85.0
Extension	0.0	5.0

GAIT PATTERN

Ms. Bennett does not use a cane during ambulation. Her speed is slow, there is no splinting, no holding, the movement patterns are asymmetrical, and there is poor correlation with the pain rating. She exhibits a knee pain limp and her behavior is appropriate.

REPETITIVE MOVEMENT TESTS

The Repetitive Movement Tests (RMT) evaluate the patient's ability to perform four common work activities, Repetitive Bending, Squatting, Kneeling, and Overhead Reaching. They are asked to perform one repetition and 10 repetitions at a controlled speed for all three movements and 10 fast repetitions for Bending and Overhead Reaching. The test results are analyzed for each test sequence before proceeding to the next test sequence. Any test is stopped if pain increases significantly or at the patient's request. Consistency of the movement patterns, willingness to move, pain, spasm, symmetry of motion, velocity of motion, and end range stretch are critically evaluated and an estimation is made regarding the patient's ability to move during an 8 hour work shift. Additional RMT tests are performed on the Hands, Wrists, Forearms or Neck for injuries to those areas. The results of Ms. Bennett's evaluation are list below.

	<u>PAIN RATINGS</u>	
	<u>Joints Stressed</u>	<u>Primary Injury</u>
Forward Bending Classification:	PRE TEST:	7/10+
Squatting Classification:	Frequent	7/10+
Overhead Reaching Classification:	No	8/10+
Hand Open - Close Classification:	Frequent	7/10+
	Frequent	7/10+
	POST TEST:	6/10+

FORWARD BENDING - 1 TIME CONTROLLED

The range of motion was normal, the speed was average, there was no end range stretch, the movement pattern was symmetrical, the behavior was normal, and the movement pattern had equivocal correlation with the pain rating which was 7/10+.

FORWARD BENDING - 10 TIMES CONTROLLED

The range of motion was normal, the speed was slow, there was end range stretch, the movement pattern

was symmetrical, the behavior was normal, and the movement pattern had equivocal correlation with the pain rating which was 7/10+.

FORWARD BENDING - 10 TIMES FAST (Normal < 14.0 seconds)

Ms. Bennett completed 10 repetitions in 15 seconds. The range of motion was normal, the speed was slow, there was end range stretch, the movement pattern was symmetrical, the behavior was normal, and the movement pattern had equivocal correlation with the pain rating which was 7/10+.

SQUATTING - 1 TIME CONTROLLED

The range of motion was markedly decreased, the speed was very slow, the behavior was one of overreaction, and the movement pattern did not correlate with the pain rating which was 8/10+.

OVERHEAD REACHING - 1 TIME CONTROLLED

The range of motion was normal, the speed was average, there was end range stretch, the behavior was normal, and the movement pattern correlated with the pain rating which was 7/10+.

OVERHEAD REACHING - 10 TIMES CONTROLLED

The range of motion was normal, the speed was average, there was end range stretch, the behavior was normal, and the movement pattern correlated with the pain rating which was 7/10+.

OVERHEAD REACHING - 10 TIMES FAST (Normal < 7.0 seconds)

Ms. Bennett completed 10 repetitions in 6 seconds. The range of motion was normal, the speed was average, there was end range stretch, the behavior was normal, and the movement pattern correlated with the pain rating which was 7/10+.

HAND OPEN - CLOSING - 1 TIME CONTROLLED

The range of motion was normal, the speed was average, there was end range stretch, the behavior was normal, and the movement pattern correlated with the pain rating which was 7/10+.

HAND OPEN - CLOSING - 10 TIMES CONTROLLED

The range of motion was normal, the speed was average, there was end range stretch, the behavior was normal, and the movement pattern correlated with the pain rating which was 7/10+.

HAND OPEN - CLOSING - 10 TIMES FAST (Normal < 4.0 seconds)

Ms. Bennett completed 10 repetitions in 5 seconds. The range of motion was normal, the speed was average, there was end range stretch, the behavior was normal, and the movement pattern correlated with the pain rating which was 7/10+.

DISTRACTED MOVEMENT PATTERNS

The patient's movement patterns are observed directly during any Pre-FCE activities, which may include a Musculoskeletal Evaluation, a Gait Analysis, and the Repetitive Movement Tests. They are then observed by distraction throughout the FCE. If there are any improvements in the movement patterns by distraction, including increased range of motion, increased velocity, improved quality, decreased holding, decreased splinting, decreased limping, or any other change which signifies an improvement in the patient's movement ability, or if the patient's pain behavior decreases or their affect improves compared to the Pre-FCE activities, the Musculoskeletal Evaluation, the Gait Analysis or the Repetitive Movement Tests, it indicates that the patient's movement ability is better than what was demonstrated by direct observation when they were given ample opportunity to demonstrate their best performance. This represents a failed validity criteria, a non-organic sign, and suggests that the patient is attempting to control the test results to demonstrate more pain and disability than are actually present, the motivation of which is not known.

SUMMARY OF OBSERVED DISTRACTED MOVEMENT PATTERNS

Ms. Bennett's movement patterns did not change by distraction during the remainder of the FCE; therefore, the results of the Repetitive Movement Tests are considered valid.

STATIC STRENGTH TESTS

Static Whole Body Strength Tests are performed according to the protocol documented in Ergonomics Guide for the Assessment of Human Static Strength, D.B. Chaffin, Ph.D., AIHA J., 1975; Functional Capacity Evaluation: The Procedure Manual, K. L. Blankenship, Macon, GA, 1994; and The Protocol Manual, K. L. Blankenship, Macon, GA, 1998. Six whole body test postures are documented in the Work Practices Guide for Manual Lifting, NIOSH, Cincinnati, OH, 1981, and two postures, Pushing and Pulling, were designed by Keith L. Blankenship, P.T.. Only selected postures are tested depending upon the patient's condition and the necessity for the data. Test validity is determined by the following criteria:

1. Coefficient of Variation of the Mean Forces for each test
2. Coefficient of Variation of the Last Two Mean Forces for each test
3. The Curve Coefficient of Variation of each exertion of each test
4. Visual Analysis of the Force Curves for each test
5. A Fatigue Response over 5 seconds for each curve for each test
6. Percentiles of Strength for each posture
7. The Presence of a Functional Strength Deficit
8. Results of the Pain Replication Test
9. The Relationship between the postures
10. The percent between a repeated series of a test posture
11. The patient's test behavior

A summary of Ms. Bennett's results is listed on the table below.

PRE TEST PAIN: 8/10+						
PRE TEST HR: 101						
STATIC TEST	PEAK FORCE	MEAN FORCE	CV	FATIGUE	PERCENTILE	PAIN
Arm Lift	41.0 lb	41.0 lb			36%	8/10+
Hi Near Lift	49.0 lb	47.0 lb			22%	9/10+
Hi Far Lift	24.0 lb	20.0 lb			10%	9/10+
Back Lift	30.0 lb	25.0 lb			5%	9/10+
Push	43.0 lb	42.0 lb			7%	8/10+
POST TEST HR: 121						
POST TEST PAIN: 10/10+						

OCCASIONAL AND INFREQUENT MATERIAL HANDLING TESTS (OMH AND IMH)

The tests for Infrequent and Occasional Material Handling are documented in The Design of Manual Handling Tasks: Revised Tables of Maximum Acceptable Weights and Forces, S.H. Snook and V.M. Ciriello, Ergonomics, 1991. IMH is defined as 1-4 lifts per day and OMH is defined as 5-32 lifts per day, spread out over the course of the day. The evaluator makes the decision regarding how many tests are requested from the patient, but a routine protocol involves all postures tested for OMH and only selected postures tested for IMH. Up to four decision making paradigms may be used for the IMH and OMH weights, Psychophysical, Kinesiophysical, Statistical and Computerized. Psychophysical is a form of testing where the patient chooses the acceptable weights based on their pain, their anxiety regarding reinjury, their level of strength and fitness and their inherent motivation to perform material handling following their injury. Kinesiophysical is a form of testing where the evaluator makes the decision about the acceptable weight considering items such as, the medical impairment, confirmed pain levels, range of motion, velocity of movement, body mechanics and forced body mechanic changes, the appearance of muscle strain, muscle recruitment patterns, counterbalancing strategies, patient stability and the general appearance of overload. The Statistical approach considers databases and known statistical patterns which can show whether or not a person is working within acceptable patterns for their sex, strength levels and fitness levels. The fourth decision making method is Computerized Isoinertial Lifting (CIL). CIL objectively documents the acceleration and deceleration forces and patterns which provides the most accurate measures of pain inhibition and biomechanical overload.

The IMH and OMH tests are started at submaximal weights and the weight is progressively increased at safe levels until the proper weight is identified for each frequency. The patient is not asked to complete any test they feel is too difficult or which would place them at risk of injury, but they are asked to exert their best effort to achieve their maximum safe lifting ability.

The Maximum Weight Lifted (MWL) is the heaviest weight the patient completes or attempts for each posture. The OMH Result Weight is the weight that all of the data identifies as the safe and acceptable weight for each posture for handling 5-32 times per day and the IMH weight is the safe and acceptable weight for selected postures for 1-4 times per day. The Percentile Rank is how the patient compares to Snook and Ciriello's Database of Healthy, Industrial Norms. The OMH-HR is the heart rate documented for the OMH weight and the IMH/OMH Pain is the amount of pain reported by the patient for the IMH and OMH weights. Lifting and Carrying are recorded by weight and Pushing and Pulling are recorded by force exerted, not the weight or mass of the object moved. The worker's OMH weights are compared to the Dictionary of Occupational Titles, U.S. Department of Labor, 1991, Vol. I and II, called the DOT Physical Demand Levels, which are shown below.

<u>DOT CLASSIFICATION</u>	<u>OMH WEIGHTS</u>
Sedentary	1-10 lb
Light	11-20 lb
Medium	21-50 lb
Heavy	51-100 lb
Very Heavy	over 100 lb

Extrapolations are also made between the five DOT categories to offer a more specific description of the worker's ability. These new categories are shown below with the DOT Categories.

<u>STRENGTH CLASSIFICATION</u>	<u>OMH WEIGHTS</u>
Sedentary	1-10 lb
Sedentary-Light	11-15 lb
Light	16-20 lb
Light-Medium	21-35 lb
Medium	36-50 lb
Medium-Heavy	51-75 lb
Heavy	76-100 lb
Very Heavy	over 100 lb

A summary of Ms. Bennett results is listed on the table below.

PRE TEST PAIN: 7/10+						
PRE TEST HR: 120						
<u>OMH TEST</u>	<u>MWL WEIGHT</u>	<u>IMH RESULT WEIGHT</u>	<u>OMH RESULT WEIGHT</u>	<u>PERCENTILE RANK</u>	<u>OMH HR</u>	<u>IMH/OMH PAIN</u>
Back Lift	35.0 lb	35.0 lb	30.0 lb	23%	156	7/10+
Shoulder Lift	25.0 lb	25.0 lb	20.0 lb	3%	108	8/10+
Overhead Lift	25.0 lb	25.0 lb	20.0 lb	6%	96	8/10+
Carry	10.0 lb	15.0 lb	10.0 lb	1%	121	8/10+
One Hand Carry	10.0 lb	15.0 lb	10.0 lb	1%	121	9/10+
D. Push/Pull	24.0 lb	24.0 lb	20.0 lb	10%	144	8/10+
POST TEST HR: 96						
POST TEST PAIN: 9/10+						

PSYCHOPHYSICAL LIMITATIONS

Back Lift: Maximum Preferred

KINESIOPHYSICAL LIMITATIONS

Back Lift: Slowed Velocity/Muscular Strain

Back Lift: Aerobic End Point

PSYCHOPHYSICAL LIMITATIONS

Shoulder Lift: Maximum Preferred

KINESIOPHYSICAL LIMITATIONS

Shoulder Lift: Slowed Velocity/Muscular Strain
Shoulder Lift: Facial/Neck/Arm Strain

PSYCHOPHYSICAL LIMITATIONS

Overhead Lift: Maximum Preferred

KINESIOPHYSICAL LIMITATIONS

Overhead Lift: Slowed Velocity/Muscular Strain
Overhead Lift: Facial/Neck/Arm Strain
Overhead Lift: Loss of Stability

PSYCHOPHYSICAL LIMITATIONS

Carry: Maximum Preferred
Carry: Breathing Difficulties

KINESIOPHYSICAL LIMITATIONS

Carry: Slowed Velocity/Muscular Strain

PSYCHOPHYSICAL LIMITATIONS

Dynamic Push/Pull: Maximum Preferred
Dynamic Push/Pull: Breathing Difficulties

KINESIOPHYSICAL LIMITATIONS

Dynamic Push/Pull: Slowed Velocity/Muscular Strain
Dynamic Push/Pull: Excessive Struggle
Dynamic Push/Pull: Aerobic End Point

EXTRAPOLATIONS FROM THE STATIC TESTS TO THE OMH ACTIVITIES

The results of the Static Strength Tests are used to extrapolate the patient's Occasional Material Handling (OMH) ability. There are several research papers which support these extrapolations with a potential error of approximately 25%. The extrapolations here are based on unpublished research described in Functional Capacity Evaluation: The Procedure Manual, K. L. Blankenship, Macon, GA, 1994. Three extrapolations are made. The "OMH Expected Extrapolation" is the approximate weight or force the patient should be able to manage dynamically. The "OMH High Extrapolation" is the maximum weight or force the patient should be able to manage dynamically. The "OMH Low Extrapolation" is the minimum Occasional Material Handling weight or force the patient should achieve. The "OMH Maximum Weight Lifted (MWL) Result" is the maximum weight the patient lifted during the Occasional Material Handling Tests. The "Validity Rating" is based on whether the patient's "OMH Maximum Weight Lifted (MWL) Result" is within the High and Low Extrapolation range. If the "OMH Maximum Weight Lifted (MWL) Result" is less than the Low Extrapolation, this suggests that the patient performed submaximally on the Occasional Material Handling Tests, unless otherwise justified. If the patient lifts a weight dynamically which is greater than the OMH High Extrapolation, this suggests submaximal effort on the Static Strength Tests. Either of these findings represents a failed validity criteria. There are two reasons why persons who are passing more than 70% of their FCE Validity Criteria may fail one or more of the validity criteria for these extrapolations.

1. They may have allowed a greater pain increase during the Static Strength Tests than they allowed during the Occasional Material Handling Tests.
2. They may have experienced pain in a part of the range of motion during the Occasional Material Handling Tests which was not experienced during the Static Strength Tests.

Ms. Bennett's results are listed on the table below.

<u>OMH DYNAMIC ACTIVITY</u>	<u>OMH HIGH EXTRAP</u>	<u>OMH EXPECTED EXTRAP</u>	<u>OMH LOW EXTRAP</u>	<u>OMH MWL RESULT</u>	<u>VALIDITY CRITERIA</u>
Back Lift	18.3 lb	12.5 lb	9.5 lb	35.0 lb	Invalid
Shoulder Lift	44.7 lb	30.8 lb	23.0 lb	25.0 lb	Valid
Overhead Lift	29.1 lb	20.1 lb	15.1 lb	25.0 lb	Valid
Carry	47.6 lb	32.8 lb	24.6 lb	10.0 lb	Invalid

HAND TESTS

A series of tests are performed for Maximum Grip And Pinch Strength described in Grip and Pinch Strength Normative Data for Adults, V. Mathiowetz, et.al., Arch PM&R, 1985, and tests for Gross and Fine Motor Control using the Purdue Pegboard. There are a number of validity criteria indicating the degree of effort documented in The Seriously Uninjured Hand: Weakness of Grip, H. M. Stokes, JOM, 1983, Detecting Sincerity of Effort When Measuring Grip Strength, B. Niebuhr and R. Marion, Am. J. PM, 1987, Detection of Submaximal Effort by Use of the Rapid Exchange Grip, D. Hildreth, et.al., J. Hand Surg., 1989, and Functional Capacity Evaluation: The Procedure Manual, Keith L. Blankenship, Macon, GA, 1994. The Hand Grip and Pinch Grip tests may also be repeated a second or third time in order to verify the validity of the patient's effort and to evaluate for pain and fatigue responses.

Ms. Bennett's results are listed on the table below.

DOMINANT HAND - Right

PRE TEST PAIN: 7/10+

<u>TEST NAME</u>		<u>STRENGTH</u>	<u>PERCENTILE RANK</u>	<u>STRENGTH DEFICIT</u>
Hand Grip	Rt	87.0 lb	88%	14% - Lt
	Lt	75.0 lb	77%	0%
Key Pinch	Rt	17.0 lb	57%	6% - Lt
	Lt	16.0 lb	50%	0%
Palmar Pinch	Rt	23.0 lb	90%	0%
	Lt	23.0 lb	95%	0%

<u>TEST NAME</u>	<u>TRIAL 1</u>		<u>TRIAL 2</u>		<u>TRIAL 3</u>	
	Lt	Rt	Lt	Rt	Lt	Rt
MAX Grip - 1	67.0 lb	80.0 lb	75.0 lb	79.0 lb		
MAX Grip - 2	75.0 lb	87.0 lb	72.0 lb	80.0 lb		
MAX Grip - 3	75.0 lb	86.0 lb				
Key Pinch - 1	16.0 lb	17.0 lb				
Key Pinch - 2	15.0 lb	17.0 lb				
Palmar Pinch - 1	19.0 lb	23.0 lb				
Palmar Pinch - 2	23.0 lb	23.0 lb				
Palmar Pinch - 3	22.0 lb	23.0 lb				

POST TEST PAIN: /10+

HAND FUNCTION CLASSIFICATION

The patient's ability to use their Upper Extremities and Hands for work is calculated by an algorithm including their demonstrated strength on the Static Strength Tests and the Occasional Material Handling Tests, their Fine Motor Skills scored by the Purdue Pegboard and their observed skill throughout the FCE. The patient's Hand Function is classified on the table below.

<u>HAND FUNCTION CLASSIFICATION</u>	<u>LEFT</u>	<u>RIGHT</u>
Simple Grasp	XX	XX
Fine Motor Skills	XX	XX
Low Speed Assembly	XX	XX

PURDUE PEGBOARD ASSEMBLY TEST

<u>TRIAL 1</u>	<u>TRIAL 2</u>	<u>TRIAL 3</u>	<u>AVERAGE</u>	<u>PERCENTILE</u>
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Bennett, Christine R.

32

36

40

36.0

20%

The results of the Purdue Pegboard Assembly Test indicate that Ms. Bennett has excellent fine motor skills and is qualified for Assembly Tasks of pieces in the 1-4 mm. range or larger at a Non Production Rate, but she should be capable of a Production Rate with a short period of training or job acclimation; therefore, she is classified as High Speed Trainable.

NON-MATERIAL HANDLING TESTS (NMH)

The patient is tested on the selected work stations for the Non-Material Handling and Repetitive Activities. In many cases, the data can be extrapolated from the Material Handling Tests and other tests such as the Repetitive Movement tests. The amount of time spent Standing, Walking, and Sitting is obtained from the Activity Profile and the amount of time the patient actually performs these activities throughout the FCE. Stair Climbing, Balancing, and Crawling are directly tested. The ability to use Arm or Leg controls is tested directly or the data is extrapolated from the Static Strength Tests and/or the Material Handling Tests according to the criteria in the Dictionary of Occupational Titles, U.S. Department of Labor, 1991. Professional judgment is required for the NMH decisions since time does not permit exhaustive testing for each activity and there is no published research or database to assist with these decisions. There are also an extremely limited number of validity criteria for the NMH activities. This is a more subjective part of the FCE process; therefore, patient cooperation is required for reliable results. Ms. Bennett's results are listed on the table below.

PRE TEST PAIN: 4/10+

<u>ACTIVITY TESTED</u>	<u>QUALIFICATION</u>
SITTING	Constant
Pre FCE Sitting	:
FCE Sitting	:
Post FCE Sitting	:
STANDING	Occasional
FCE Standing	:
WALKING	Occasional
FCE Walking	:
BENDING	Frequent
Other Test	0 Reps
SQUATTING	No
Other Test	0 Reps
KNEELING	Occasional
Other Test	0 Reps
CRAWLING	No
30 sec. Test	Poor
Constant Test	N/T
ARM CONTROLS - RIGHT	Light
ARM CONTROLS - LEFT	Light
Arm Pull	0.0 lb
Other Test	0 Reps
LEG CONTROLS - RIGHT	Light
LEG CONTROLS - LEFT	Light
Leg Push - Right	0.0 lb
Leg Push - Left	0.0 lb
Other Test	0 Reps
STAIR CLIMBING	Occasional
Pre Test H.R.	96
Test H.R. 1 - 30 steps	121
Test H.R. 2 - 70 steps	168
Test H.R. 3 - 105 steps	0
3 min. Stand H.R.	108
Post RPE	19

Cardiac Rhythm	Regular
Steps Climbed	70
LADDER CLIMBING	No
Pre Test H.R.	96
Distance Climbed	7.0 ft
Post Test H.R.	101
3 min. Stand H.R.	96
Post RPE	17

PSYCHOPHYSICAL LIMITATIONS

Maximum Preferred
Breathing Difficulties

KINESIOPHYSICAL LIMITATIONS

Obvious Fatigue Present
Aerobic End Point

BODY MECHANICS

The patient's utilization of body mechanics is observed throughout the evaluation. The body mechanics they use intuitively when distracted usually represents what they use naturally during work and leisure activities, even though they may report using a different style. Based on their injury and the amount of weight they are capable of lifting, recommendations may be made in order to decrease the risk for future injury relative to improper body mechanics. Ms. Bennett's body mechanics are classified on the table below.

TEST SEQUENCE

OMH

PREFERRED POSTURE

Back

BODY MECHANICS

Fair

PERCENTILE OF STRENGTH PROFILE

The percentiles of strength for all of the activities tested are analyzed for specific variations. Most individuals will have a percentile ranking which is reasonably consistent across all tests. Specific variations may indicate weakness secondary to pain, neurological deficits, disuse atrophy, poor cardiovascular fitness, or specific lifestyle trends. The patient's strength may be characterized by the word descriptors on the table below.

<u>PERCENTILE PROFILE</u>	<u>PERCENTILE CLASSIFICATION</u>
Exceptional	90-99%
Excellent	80-89%
Well Above Average	70-79%
Above Average	60-69%
Average	41-59%
Below Average	31-40%
Well Below Average	21-30%
Poor	11-20%
Very Poor	1-10%

Ms. Bennett's results are listed on the table below.

<u>FCE TEST</u>	<u>PERCENTILE RANK</u>
OMH - Back Lift	23%
OMH - Shoulder Lift	3%
OMH - Overhead Lift	6%
OMH - Carry	1%
OMH - One Hand Carry	1%
OMH - Dynamic Push/Pull	10%
Hand Grip - Rt	88%

Bennett, Christine R.

10

Hand Grip - Lt	77%
Key Pinch - Rt	57%
Key Pinch - Lt	50%
Palmar Pinch - Rt	90%
Palmar Pinch - Lt	95%
Purdue Pegboard	20%

<u>TEST MODULE</u>	<u>AVERAGE PERCENTILE</u>	<u>PERCENTILE PROFILE</u>
Occasional Material Handling	7%	Very Poor
Hand Grip	83%	Excellent
Pinch Grip	73%	Well Above Average
Overall Average	42%	Average

HEART RATE PROFILE

The patient's heart rate is documented at periodic intervals throughout testing. The data is used to determine the patient's suitability for work relative to their level of cardiovascular fitness, which is measured while the patient is actually working. This profile is felt to be more appropriate than a low level fitness evaluation performed on steps, treadmill, or bicycle ergometer because this profile is specific to work activities. If the patient's heart rates exceed their acceptable levels, a cardiovascular fitness program may be necessary prior to return to work. All Continuous Work categories assume that normal breaks are permitted. The acceptable heart rate limits for continuous work are shown below.

<u>CONTINUOUS WORKING TIME</u>	<u>PERCENT MAX H.R.</u>
Continuous Sitting	30-45%
Continuous Standing	35-50%
Continuous Walking	45-55%
Material Handling 10 min.	75-85%
Material Handling 30 min.	67-75%
Material Handling 60 min.	60-66%
Material Handling 4 hrs.	57-63%
Material Handling 8 hrs.	55-60%

Ms. Bennett's actual heart rates documented during testing are listed below.

<u>TEST ACTIVITY</u>	<u>H.R.</u>	<u>% MAX H.R.</u>	<u>B.P.</u>
Pre-Test Sitting	84	45%	88/50
Static Strength Testing	121	65%	
Occasional Material Handling	96	52%	
Stair Climbing	168	91%	
3 min. Post Test Standing	108	58%	
Post FCE Sitting	96	52%	
Post FCE Standing	108	58%	

Summary of the Heart Rate Profile

The above Heart Rate Profile indicates a Poor level of cardiovascular fitness for Ms. Bennett. Her overall Validity Profile was classified as valid; therefore, the above heart rate data is considered valid and represents Ms. Bennett's actual level of cardiovascular fitness. If Ms. Bennett wishes to qualify for a higher Physical Demand Classification than she achieved today, it will be necessary to implement a cardiovascular rehabilitation program to improve her level of fitness.

THE BLANKENSHIP RELIABILITY PROFILE

The Blankenship Reliability Profile includes profiles for Symptom/Disability Exaggeration, Non Organic Signs and Validity. The Symptom/Disability Exaggeration Profile is subjective but the Non Organic Signs and Validity Profiles are objective. Patients scoring invalid on all three profiles are felt to be attempting to control the test results to demonstrate a greater level of disability than what is actually present, the motivation of which is not known. Any one of the three profiles may not be reported if insufficient data

exists.

SYMPTOM/DISABILITY EXAGGERATION PROFILE

Symptom/Disability Exaggeration is a clinical behavior in which the patient's symptoms, pain behavior and disability are out of proportion to their medical impairment and movement patterns observed mainly by distraction. This assessment begins with the patient completing questionnaires which help the evaluator understand the patient's perspective of their symptoms and disability. Next, an intake interview is conducted and the patient's description of their symptoms and disability are correlated with their actual medical impairment. Then, the FCE is conducted and the following observations of the patient are made.

1. True Pain Behavior
2. Overreaction Behavior
3. The Movement Patterns of the Injured Body Part
4. The Patient's Symptomatic Reports
5. Non Organic Test Results
6. True Strength and Strength Deficits
7. Movement Patterns that Improve by Distraction
8. General Attitude
9. Motivation to Cooperate
10. Deliberate Use of Poor Body Mechanics that Increase Stress on the Injured Body Part

Any significant lack of correlation between the patient's perception of their symptoms and disability and the actual test results, including the observation of normal to near normal movement patterns observed either by direct observation or by distraction, represents Symptom/Disability Exaggeration Behavior. Observing the movement patterns of the injured body part is the best way to determine if any significant level of pain and disability exists due to the neurophysiological relationship that exists between pain and the ability to move. When significant pain is present, the patient is unable to move normally, and when there is no pain, normal movement patterns are possible. Therefore, if a patient reports a high level of pain and disability, but the movement patterns of their injured body part are normal, this is neurophysiologically impossible and the patient demonstrates Symptom/Disability Exaggerator behavior. The motivation for this behavior is unknown and cannot be discovered by the FCE alone, but one of the most blatant acts of Symptom/Disability Exaggeration behavior is abnormal movement patterns and pain affect demonstrated by direct observation which improve significantly by distraction. The patient must offer a suitable explanation for this finding, or conscious malingering may be assumed.

Since professional judgment is involved, Symptom/Disability Exaggeration behavior is not documented unless there is a significant disparity between the patient's subjective reports and behavior and the evaluator's observations of the patient's actual movement patterns, general behavior and test results. Symptom/Disability Exaggeration behavior generally represents an obstacle to effective rehabilitation and return to work, and an effort should be placed on determining why this inappropriate clinical behavior exists. The scores of Ms. Bennett's questionnaires are classified as follows:

PAIN QUESTIONNAIRE SUMMARY - CRITERIA SCORED: 10

1/10 in the LOW Category	10.0%	<u>PAIN Q. PROFILE</u> High
0/10 in the MODERATE Category	0.0%	
9/10 in the HIGH Category	90.0%	

NUMERIC PAIN RATING PROFILE (0-10+)

Pre-Test Pain	<u>PAIN RATING</u> 7/10+
Repetitive Movement Tests	6/10+
Static Strength Tests	0/10+
Occasional Material Handling	9/10+
Continuous Stair Climbing	9/10+
Post-Test Pain	10/10+
NUMERIC PAIN RATING PROFILE - High	6.8/10+

MOVEMENT PATTERN CLASSIFICATION

- ☒ The Movement Patterns and Behavior Are Consistent with the Symptoms and Disability
 The Movement Patterns and Behavior Are Not Consistent with the Symptoms and Disability

SYMPTOM/DISABILITY EXAGGERATION CLASSIFICATION

- Symptom/Disability Exaggeration is Not Present (NSE)
☒ Minimal Symptom/Disability Exaggeration Exists (MSE)
 True Symptom/Disability Exaggeration Exists (TSE)
 Overt Symptom/Disability Exaggeration Exists (OSE)

VALIDITY PROFILE

The Validity Profile is comprised of a cohort of individual tests that collectively help determine whether or not the patient is exerting their best effort during all of the FCE tests. Effort is defined as the physical ability and motivation to complete a task within the individual's pain tolerance. A significant increase in pain is not required. If the patient exerts effort up to the point of a barely perceptible pain increase, or slightly below that level so there is no pain increase at all, then they will pass the overall Validity Profile. If the patient does not pass the overall Validity Profile, then they have not exerted their best effort. The patient cannot assert that they were not able to exert their best effort due to pain since they are not asked to tolerate any pain increase at all, or at least no more than a barely perceptible increase, which everyone can perceive. And since the patient is not asked to perform tasks for which they do not have the physical ability, or if they do not have the physical ability, the test data should reveal that, then the only reason for not passing the overall Validity Profile is that the patient was not motivated to cooperate with the evaluation process and exert their best effort. The patient must then explain why they were not motivated to cooperate with the testing process to demonstrate their current ability to work, and their reason may not be secondary to pain. Therefore, failing the Overall Validity Profile is viewed as a voluntary act of non-compliance with the testing process and with the professionals who requested the test. Current research, submitted to Spine, shows that a strong indicator of whether or not an evaluatee is cooperating with and exerting their best effort on a functional test is the Evaluator's professional judgment; however, most of the Validity Criteria of The Blankenship System FCE are based on published research. A few are based on K. Blankenship's unpublished research. The Blankenship System FCE Bibliography sites the published and unpublished works.

It is believed that a reliable overall Validity Profile should contain at least 20 validity criteria. A Validity Profile of less than 20 may also be reliable, but the evaluator must add their professional judgment regarding the reliability of the test results.

There is also an empirical relationship between the number of validity criteria passed and the degree of effort exerted during testing and the reliability of the test results for predicting work performance. This algorithm was developed by K. Blankenship published in the revised edition of, The Blankenship System Functional Capacity Evaluation: The Protocol Manual, revision began in 1996, Macon, GA. That revised algorithm is shown below.

<u>Validity Criteria Passed</u>	<u>Degree of Effort Word Descriptor</u>	
90-100%	Excellent Effort	Valid Results
80-89%	Good Effort	Valid Results
70-79%	Fair Effort	Valid Results
70-75%	Borderline Valid, Results are Conservative	
60-69%	Poor Effort	Borderline Invalid Results
<60%	Very Poor Effort	Invalid Results
< 20 Criteria	May Be Unreliable, Professional Judgment Required	

The Validity Criteria for Ms. Bennett are listed below and the Validity of Effort Classification is summarized at the end.

Validity CategoryValidity

Bennett, Christine R.

Lower Extremity MMT: Cogwheel Release	Valid
Arm Lift #1: Coefficient of Variation, CV	Invalid
Arm Lift #1: Force Curve Analysis and the Curve CV	Valid
High Near Lift #1: Coefficient of Variation, CV	Valid
High Near Lift #1: Force Curve Analysis and the Curve CV	Valid
High Far Lift #1: Coefficient of Variation, CV	Valid
High Far Lift #1: Force Curve Analysis and the Curve CV	Valid
Back Lift #1: Coefficient of Variation, CV	Invalid
Back Lift #1: Force Curve Analysis and the Curve CV	Valid
Push #1: Coefficient of Variation, CV	Valid
Push #1: Force Curve Analysis and the Curve CV	Valid
OMH Extrapolation: Static to Dynamic Back Lift	Invalid
OMH Extrapolation: Static to Dynamic Shoulder Lift	Valid
OMH Extrapolation: Static to Dynamic Overhead Lift	Valid
OMH Extrapolation: Static to Dynamic Carry	Invalid
Series #1 Hand Grip Consistency: Left	Valid
Series #1 Hand Grip Consistency: Right	Valid
Key Pinch Series#1 Consistency: Left	Valid
Key Pinch Series#1 Consistency: Right	Valid
Palmar Pinch Series#1 Consistency: Left	Valid
Palmar Pinch Series#1 Consistency: Right	Valid
Series #2 Hand Grip Consistency: Left	Valid
Series #2 Hand Grip Consistency: Right	Valid
Consistency: Series 1-2: Max Hand Grip Left	Valid
Consistency: Series 1-2: Max Hand Grip Right	Valid
NMH Stair Climb (RPE - HR) Result	Valid

*Positive Distraction, Symptom Exaggeration and Overreaction are scored 1 time each in overall score using the worst-case validity score.

VALIDITY PROFILE SUMMARY

TOTAL VALIDITY CRITERIA SCORED	26
TOTAL VALIDITY CRITERIA PASSED	22 (85%)

Validity of Results: Valid - Good Effort

<u>04/06/2004</u>	<u>12/22/2005</u>	
Test Date	Report Date	Joseph T. McDaniel, MSPT

SOUTHERN BONE & JOINT SPECIALISTS, P.C.

To: Whom it may concern

Date: 4/13/04

Name: Christine Bennett

This is to certify that this patient

☒ Was treated in my office today.

☐ Will be unable to work for the period _____

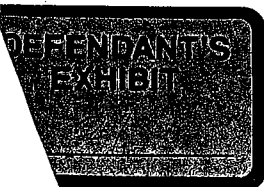
☒ May return to work on 4/13/04

☐ Should not participate in physical education for the period _____

☒ Other: Work restrictions based on FCE.

D. Mc [Signature]

3/95



B.R. Brownell

From: Falcon, Chad [falconc@frmaint.com]
Sent: Tuesday, May 11, 2004 2:14 PM
To: Brownell, B.R.
Cc: Leingang, Shirley; Whitney, Robert A.; Harris, Arlean
Subject: Bennett, Christine

B.R.:

Based on Christine Bennett's Functional Capacity Evaluation (FCE), which lists her permanent restrictions, the Company cannot accommodate her work restrictions as an Avionics Technician per Field Management. Plus; the FCE specifically states within the OUTCOME SUMMARY: #5 Job Match? NO. The patient does not demonstrate the Range of motion, strength, endurance, or balance to carry out the essential functions of an Avionics Technician with Army Fleet Support. Employee may seek advice from Bob Whitney on which other classifications she may be deemed *qualified* to perform. In accordance with Article 35, employee may reclassify. Employee may qualify for Temporary Partial Disability and if the reclassification pays a lower base rate. Employee may also qualify for vocational rehabilitation per Alabama State Workers' Compensation. Any questions concerning Christine Bennett's Workers' Compensation Benefits will need to be directed to the DynCorp point of contact since she is a DynCorp work-related injury. Please respond at your convenience if you have any additional questions concerning this issue.

Best Regards,

R. Chad Falcon
ARMY FLEET SUPPORT
Administrator, Workers' Compensation
Email: falconc@frmaint.com
Phone: 334-503-3428
Fax: 334-598-0476
E-fax: 334-598-5694

5/11/2004



Bennett v. AFS
Plaintiff 00392

TO BE COMPLETED BY SUPERVISOR

PURPOSE: ☒ ON THE JOB INJURY ☐ ON THE JOB ILLNESS ☐ PHYSICAL EXAM ☐ SICKNESS/INJURY NOT WORK RELATED

IF ON THE JOB INJURY/ILLNESS GIVE DATE: NATURE OF INJURY/ILLNESS:

THIS IS: ☐ INITIAL VISIT ☐ FOLLOW UP VISIT DATE DEPARTED FROM WORK: TIME DEPARTED:

SUPERVISOR'S SIGNATURE: WORK NUMBER: DATE:

TO BE COMPLETED BY PHYSICIAN/FACILITY VISITED (EMPLOYEE MUST ENSURE ALL BLOCKS ARE COMPLETED)

NAME OF FACILITY VISITED: Southern Bone & Joint PHONE NUMBER: 793-2663

MAILING ADDRESS: RCC Dothan

DATE: TIME IN: TIME OUT:

TYPE OF TREATMENT ☒ EXAMINATION ☐ X-RAY ☐ LAB ☐ SPLINT ☐ SUTURE ☒ THERAPY ☐ EYE PATCH
☒ MEDICATION ☐ BANDAGE

DIAGNOSIS: PRESCRIBED MEDICATION(S):

Disposition: (Please "x" thru box to mark disposition)

☒ DATE EMPLOYEE ABLE TO RETURN TO WORK: 4/16/04 - FCE completed

☐ Able to work - no restrictions

☒ Able to work - with following restrictions

☐ Must keep dressing clean and dry

☐ No lifting

☐ No work near hazardous or moving machinery

☐ Limited use of hand

☒ May lift up to 30-40 lbs

☐ No work requiring use of both eyes (driving, climbing, etc.)

☐ No exposure to solvents or chemicals

☒ No prolonged standing or walking

☐ No use of

☒ May climb stairs

☒ No climbing, bending or stooping

☐ Other: contact with radiology

☐ Estimate recovery date and return to full duty:

☐ UNABLE TO WORK

RE-EXAM - DATE: TIME:

PHYSICIAN'S COMMENTS:

PHYSICIAN'S NAME: D. Keith Granger SIGNATURE:

TO BE COMPLETED BY ADMINISTRATIVE SERVICES

CLEARED PERSONNEL - DATE: TIME: SIGNATURE:

DATE RETURNED TO WORK: ☐ RESTRICTIONS ☐ NO RESTRICTIONS APPROVED:

TO BE COMPLETED BY SUPERVISOR: (EMPLOYEE MUST CLEAR PERSONNEL UNLESS PREVIOUSLY ARRANGED WITH ADMINISTRATIVE SERVICES)

DATE: 4/13/05 TIME: SIGNATURE:

DISTRIBUTION: ORIGINAL - Finance/Accounting
 YELLOW - Personnel File
 PINK - Workers Comp File

Form 01-251



Granger 138

CHARGE OF DISCRIMINATION		AGENCY <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	CHARGE NUMBER
This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.			
Please also file with other appropriate agencies. _____ and EEOC State or local Agency, if any			
NAME (Indicate Mr., Ms., Mrs.) CHRISTINE R. BENNETT		HOME TELEPHONE (Include Area Code) (334) 894-5481	
STREET ADDRESS 1036 CO. RD. 154		CITY, STATE AND ZIP CODE NEW BROCKTON, AL 36351	DATE OF BIRTH 07/23/1968
NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)			
NAME Army Fleet Support, LLC	NUMBER OF EMPLOYEES, MEMBERS 3,000 plus	TELEPHONE (Include Area Code) (334) 598-0401	
STREET ADDRESS P.O. Box 620309		CITY, STATE AND ZIP CODE Fort Rucker, AL 36362	COUNTY Dale
NAME		TELEPHONE NUMBER (Include Area Code)	
STREET ADDRESS		CITY, STATE AND ZIP CODE	COUNTY
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))		DATE DISCRIMINATION TOOK PLACE EARLIEST	
<input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input checked="" type="checkbox"/> OTHER (Specify) Disparate Treatment		12/01/2003 <input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): I was employed as an Armament, Avionics, Electrical, and Instrument Technician on Government Contract DAAH-23-03-C-0345. My on-the-job injury occurred on March 20, 2002. At this time Dyncorp was the Government Contractor. Army Fleet Support, LLC, was awarded the contract as of December 1, 2003. Since December 1, 2003, and continuing through this date, Army Fleet Support, LLC, has refused to accommodate my disability in my job classification while accommodating similarly situated male employees. I have seniority on over 120 Armament, Avionics, Electrical, and Instrument Technicians currently working on the job at Ft. Rucker, Alabama (Exhibit 1). I am including a copy of my restrictions (Exhibit 2) and Medical Pass (Exhibit 3) from Keith Granger, M.D. I can perform the Essential Duties and Responsibilities of my job description with reasonable accommodations as has been provided for male employees by Army Fleet Support, LLC. I am enclosing a copy of my job description (Exhibit 4). Please also see the Army Fleet Support, LLC, EEO statement (Exhibit 5) and the Army Fleet Support, LLC, Affirmative Action Commitment (Exhibit 6). Exhibit 7 is a copy of a letter mailed to Army Fleet Support, LLC General Manager Thomas A. Green, by my attorneys on June 28, 2005. As of this date Army Fleet Support, LLC, has not responded to this letter.			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. <i>Christine Bennett</i>		NOTARY - (When necessary for State and Local Requirements)	
I declare under penalty of perjury that the foregoing is true and correct. <i>Christine Bennett</i> Date 07/29/2005 Charging Party (Signature)		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month, and year)	

EEOC FORM 5 (REV. 3/01)

Bennett v. AFS
Plaintiff 00194

EEOC Form 161 (3/98)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

DISMISSAL AND NOTICE OF RIGHTS

To: **Christine Bennett**
1036 County Road 154
New Brockton, Alabama 36351

From: **Birmingham District Office**
Ridge Park Place
1130 22nd Street South
Suite 2000
Birmingham, Alabama 35205



On behalf of person(s) aggrieved whose identity is
CONFIDENTIAL (29 CFR § 1601.7(e))

EEOC Charge No.

130-2005-05829

EEOC Representative

Kevan J. Jackson, Investigator

Telephone No.

(205) 212-2128

THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:

- ☐ The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.
- ☐ Your allegations did not involve a disability as defined by the Americans with Disabilities Act.
- ☐ The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.
- ☐ Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge.
- ☐ Having been given 30 days in which to respond, you failed to provide information, failed to appear or be available for interviews/conferences, or otherwise failed to cooperate to the extent that it was not possible to resolve your charge.
- ☐ While reasonable efforts were made to locate you, we were not able to do so.
- ☐ You were given 30 days to accept a reasonable settlement offer that affords full relief for the harm you alleged.
- ☒ The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.
- ☐ The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.
- ☐ Other (briefly state)

- NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

Title VII, the Americans with Disabilities Act, and/or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS** of your receipt of this Notice; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a state claim may be different.)

Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission

Bernice Williams-Kimbrough
 Bernice Williams-Kimbrough, District Director

5/19/06
 (Date Mailed)

Enclosure(s)

cc: **Wilmer Tharpe**
Attorney At Law
P.O. Box 311506
Enterprise, Alabama 36331

Darlene Whelan
Director, Human Resources
Army Fleet Support
P.O. Box 620309
Fort Rucker, AL 36362-0309



Bennett v. AFS
Plaintiff 00216

Prescription Flow Sheet

Called in

Date	Name of Drug	Dose	Frequency	#	Refills	M.D.
4-24-06	Lortab	10mg	BID - TID PRN	75	0	MF
4-24-06	Kadian	50mg	BID	62	0	MF
5-24-06	Lortab	10	bid-tid prn	75	0	MF
5-24-06	Kadian	50	bid	62	0	MF
6-23-06	Lulab	10	bid-tid prn	75	0	MF
6-23-06	Kadian	50	bid	62	0	MF
6-23-06	Nexium	20	q day	31	5	MF
6-27-06	Flexeril	10	3x day	93	0	MF
7-27-06	Lidoderm	5%	Q day to neck	31	0	MF
7-27-06	Kadian	50	BID	62	0	MF
7-27-06	Lortab	10	BID - TID PRN	75	0	MF
7-27-06	Flexeril	10	TID	93	0	MF
7-27-06	Lidoderm	5%	Q Day to neck	31	0	MF
8-27-06	Kadian	50	BID	62	0	MF
8-27-06	Lortab	10	BID - TID PRN	75	0	MF
8-27-06	Flexeril	10	TID	93	0	MF
8-27-06	Lidoderm	5%	Q Day to neck	31	0	MF
9-27-06	Lortab	10	BID & TID PRN	75	0	MF
9-27-06	Flexeril	10	TID	93	0	MF
9-27-06	Lidoderm	5%	Q Day to neck	31	0	MF
10-27-06	Kadian	50	bid	62	0	MF
10-27-06	Kadian	50	bid	62	0	MF
10-27-06	Lulab	10	bid-tid prn	75	0	MF
10-27-06	Skelaxin	800	tid	93	0	MF
10-27-06	Lidoderm	5%	TP q day to neck	31	0	MF
	Kadian	50	bid	62	0	MF
	Lulab	10	bid-tid prn	75		MF
	Skelaxin	800	tid	93		MF
	Lidoderm	5%	-TP to neck qd	31		MF

DEFENDANT'S EXHIBIT

Flanagan 087

12/05

Southeast Alabama

MEDICAL CENTER

Prescription Flow Sheet

Date	Name of Drug	Dose	Frequency	#	Refills	M.D.
4-14-05	flexeril	10	tid	93	0	MF
4-14-05	Kadian	50	bid	62	0	MF
4-14-05	Lortab	10	bid-tid prn bt	75	0	MF
4-14-05	Nexium	20	qd	31	5	MF
5-13-05	flexeril	10	tid	93	0	MF
5-13-05	Lortab	10	bid-tid prn bt	75	0	MF
5-13-05	Kadian	50	bid	62	0	MF
6-13-05	flexeril	10	tid	93	0	MF
6-13-05	Lortab	10	bid-tid prn	75	0	MF
6-13-05	Kadian	50	bid	62	0	MF
7-15-05	Kadian	50	bid	62	0	MF
7-15-05	Lortab	10	bid-tid prn	75	0	MF
7-15-05	flexeril	10	tid	93	0	MF
8-16-05	Kadian	50	bid	62	0	MF
8-16-05	Lortab	10	bid-tid prn	75	0	MF
8-16-05	flexeril	10	tid	93	0	MF
8-16-05	7 pack	-	WTO	1	0	MF
9-16-05	Kadian	50mg	+ PO BID	62	0	MF
9-16-05	Lortab	10	+ PO BID-tid prn	75	0	MF
9-16-05	Flexeril	10mg	+ PO tid	93	0	MF
10-17-05	Kadian	50	bid	62	0	MF
10-17-05	Lortab	10	bid-tid prn	75	0	MF
10-17-05	flexeril	10	tid	93	0	MF
11-18-05	Kadian	50	bid	62	0	MF
11-18-05	Lortab	10	2-3xd prn	75	0	MF
11-18-05	flexeril	10	3xd	93	0	MF
11-18-05	Vidoderm	5%	7day TP to neck	31	0	MF
12-16-05	Kadian	50	2xd	62	0	MF
12-16-05	Lortab	10	2-3xd prn	75	0	MF
12-16-05	flexeril	10	9day to 3xd	93	5	MF
12-16-05	Vidoderm	5%	9day to neck	31	5	MF
1-17-06	Kadian	50	bid	62	0	MF
1-17-06	Lortab	10	2-3xd prn	75	0	MF
2-14-06	Lortab	10	2-3xd prn	75	0	MF
2-14-06	Kadian	50	bid	62	0	MF
3-14-06	Lortab	10	2-3xd prn	75	0	MF
3-14-06	Kadian	50	BID	62	0	MF

Flanagan 088

Prescription Flow Sheet

Christine Bennett

Date	Name of Drug	Dose	Frequency	#	Refills	M.D.
11/18/03	Duragesic	50mcg	TP Q3d	5	0	MF
12/2/03	Udothane	500	TP Rt. knee b/p proc	1	0	MF
12/2/03	Avan29 Vaided if changed	90mg	QD Vaided 12/5/03	31	0	MF
12/2/03	m81R	15mg	Q80 PRN	40	0	MF
12/5/03	Kadian	50mg	TP BID	62	0	MF
12/9/03	Kadian	30mg	BID	28	0	MF
12/23/03	Kadian 12/29/03	100mg	BID	62	0	MF
12/23/03	Flexeril	10mg	TID	93	0	MF
1/20/04	Lortab	10	T30min b/f PT	12	0	MF
1/20/04	Flexeril	10	TID	93	1	MF
1/20/04	Kadian 1/23 2/23	100	BID	62	0	MF
2-19-04	Lortab	10mg	TP Q9 30 min before P	15	0	MF
3/22/04	Kadian	60	BID	62	0	MF
3/22/04	Lortab	10	BID	62	0	MF
3/22/04	Flexeril	10mg	TID	93	5	MF
3/22/04	Bextra	20mg	QD	31	5	MF
3/22/04	Prevacid	30mg	QD	31	5	MF
4/15/04	Lortab	10	BID	62	2	MF
4/15/04	Kadian 4/15 5/10/05	50mg	BID	62	0	MF
10/4/04	Lortab	10	bid-tid	62	2	MF
	Flexeril	10	tid	93	2	MF
	Bextra	20	qd	31	2	MF
	Prevacid	30	qd	31	2	MF
10/6/04	Kadian 10/15 11/15 12/15	50	bid	62	0	MF
1-5-05	Kadian 1/15	50	bid	62	0	MF
1-5-05	Lortab	10	bid-tid	70	2	MF
1-5-05	Flexeril	10	tid	93	2	MF
1-5-05	Bextra	20	qd	31	2	MF
1-5-05	Prevacid	30	qd	31	2	MF
2/15/05	Kadian	50	TP BID	62	0	MF
2/15/05	Nexium	20	TP QD	31	0	MF
3-15-05	Kadian	50	bid	62	0	MF
3-15-05	Nexium	20	qd	31	0	MF
3-15-05	Lortab	10	bid-tid	75	0	MF

Flanagan 089

Prescription Flow Sheet *Bennett Christine*

Date	Name of Drug	Dose	Frequency	#	Refills	M.D.
4-7-03	Percocet	10/500	1 Bid pm Breakthru	62	0	MF
3/20/03	Oxycontin	80mg	1 Q8h	93	0	MF
3/7/03	Percocet	10/500	1 Bid pm Breakthru	62	0	MF
3/7/03	Miralax		1 tsp w 8 oz liquid	1 bottle	1	MF
3/7/03	Tramadol	100	1 Q4h	31	1	MF
3/7/03	Prevacid	30mg	1 QD	31	1	MF
3/7/03	Vioxx	25mg	1 QD	31	1	MF
APR 18 2003	Percocet	10	BID	62	0	MF
APR 18 2003	Percocet 5/18/03	10	BID	62	0	MF
APR 18 2003	Oxycontin	80mg	TID	93	0	MF
APR 18 2003	Oxycontin 5/20/03	80mg	TID	93	0	MF
APR 18 2003	Toradol	25mg	Qhs	31	0	MF
APR 18 2003	Toradol	25mg	1 Qhs	62	0	MF
APR 18 2003	Miralax		1 tsp QD	1	5	MF
APR 18 2003	Tramadol	100mg	Qhs	31	5	MF
APR 18 2003	Prevacid	20mg	QD	31	5	MF
APR 18 2003	Bextra	20mg	QD	31	5	MF
6/6/03	Toradol	100mg	Qhs	31	2	MF
6/6/03	Percocet	10/500	1 Bid 6/18/03	62	0	MF
6/6/03	Oxycontin	80mg	1 QD 6/20/03	93	0	MF
6/6/03	Hydrocodone	10mg	1 QD	93	2	MF
7/3/03	Oxycontin	80mg	1 TID	93	0	MF
7/3/03	Percocet	10/500	1 BID	62	0	MF
8/7/03	Percocet	10/500	1 BID	62	0	MF
8/7/03	Oxycontin	80mg	1 TID	93	0	MF
8/28/03	Oxycontin	40mg	TID x 2w	42	0	MF
8/28/03	Oxycontin	80mg	1 TID x 2w	42	0	MF
8/28/03	Oxycontin 9/11/03	40mg	TID x 2w	42	0	MF
8/28/03	Oxycontin 9/25/03	20mg	1 TID x 2w	42	0	MF
8/28/03	Oxycontin 10/9/03	80mg	BID x 2w	28	0	MF
11/4/03	Hydrocodone	10mg	TID	93	0	MF
11/4/03	Oxycontin	40mg	TID	42	0	MF
11/4/03	Percocet	10mg	Q6h prn	60	0	MF
11/4/03	Prevacid	30mg	QD	31	5	MF
11/4/03	Bextra	20mg	QD	31	5	MF
11/4/03	Toradol	100mg	Qhs	31	5	MF
11/4/03	Tramadol	100mg	Qhs	31	5	MF

Christine Bennett

Prob. No.	Medication/ Amount Dispensed	Init.	Dose	No. of Refills	Date		OK Nurse Refill	Refills/Date/Strength/Initials	Reason Discontinued	DEA Control
					Start	Stop				
	Ultracet		#30	0	9/18/02		Yes No		W DWS/55	
	Lortab 10		#30	0	"		Yes No			
	Zanaflex 55		#30	0	9/24/02		Yes No		Walmart 9/24/02 800 230 9921	
	Zanaflex 55		#30	0	10/21/02		Yes No		W DWS/55	
	Ultracet		#40	0	"		Yes No			
	Lortab 10		#30	0	"		Yes No			
	Oxycontin 20		#90	0	11/6/02		Yes No		pt to pickup	
	Oxycontin		90	0	12/18/02		Yes No		prescriptions	
	Lortab 10		#30	0	"		Yes No		give to Dr. Retiree	
	Ultracet		#30	0	"		Yes No		give to pt in PT	
	Zanaflex 55		#30	0	"		Yes No			
1-21-03	50/25 Naproxen tablets		#30	100	4-2-03		Yes No			
	Lortab 10		#30	0	4-2-03		Yes No			
	Stadol Nasal Spray		100mc	as dir			Yes No			
	Zanaflex 55		#30	0			Yes No			
1-27-03	100/50 Zanaflex 55		4				Yes No			
1-27-03	40/40 Lortab 10		#30	0			Yes No			
1-27-03	100/50 Mezepam 7.5mg		4				Yes No			



Granger 266

CONTINUING MEDICATIONS

Christine Berner

Prob. No.	Medication/ Amount Dispensed	Init.	Dose	No. of Refills	Date Start/Stop	OK Nurse Refill	Refills/Date/Strength/Initials	Reason Discontinued	DEA Control
	Alcort 5	K	#			Yes			
	Lortab 10	3	14	0	6-12-02	No	Martinez College	347-6865	RBH/K3
	Lortab 10		#30	0	6/19/02	No		at to pick up	DW/SS
	Lortab 10		#30	0	6-24-02	No			DW/SS
	Zanaflex 4mg	SS	#30	0	7/31/02	No		347-2199	DW/SS
	Oxycontin 2mg		#60	0	7/5/02	No		347-2199	DW/SS
	Lortab 10		#50	0	7/5/02	No		a DW/SS	
	Lortab 10		#30	0	7/22/02	No		a DW/SS	
	Zanaflex 4mg		#30	1	7/24/02	No		347-2199	DW/SS
	Oxycontin 2mg		#60	0		No		a DW/SS	
	Pitavalin 10mg bid		#58	0		No			
	Pitavalin 10mg		28	0		No	JHH	cx written Rx only	
	Zanaflex 4mg		30	0	11/6/	No			
	Oxycontin 20		30	0		No	Wal-Mart		
	Lortab 10		#30	0	8/20/02	No	347-2199	stop pick up	DW/SS
	Pitavalin 10		#30	0		No			
	Oxycontin 20		#90	0		No			
	Pitavalin 10		#30	0	8/23/02	No	DVA		
	Oxycontin 20		#90	0	9/8/02	No		Wal-Mart 1-800-230-9221	

CONTINUING MEDICATIONS

Granger 267

Prob. No.	Medication/ Amount Dispensed	Infr.	Dose	No. of Refills	Date		OK Nurse Refill	Refills/Date/Strength/Initials	Reason Discontinued	DEA Control
					Start	Stop				
171	Ibuprofen 800 120 3112		30	1	12/25		Yes NO	JBL	with in	
	Ultram 700 4 hrs	PW	#30	Q			Yes No	JBS 4/9/98	OV	
	Duracel 25mg	SS	#30	x1	4/27/98		Yes No		OV	004/SS
	Lortab 7.5	SS	#30	Q	"		Yes No		OV	004/SS
	Lortab 7.5	SS	#30	Q	5/2/98		Yes No			
	Lortab 7.5	SS	#30	Q	6/17/98		Yes No		OV	004/SS
	Lortab 7.5	SS	#30	Q	7/13/98		Yes No		Martin Colley 347-6865	004/SS
	Ultram 50 1090 top gel	SS	#30	x2	7/28/98		Yes No		OV	004/SS
	Lortab 7.5	SS	#30	x1	8/19/98		Yes No		OV	004/SS
	Ultram 50		#30	x2	9/18/98		Yes No		OV	004/SS
	Lortab 7.5	SS	#30	Q	3/29/00		Yes No		347-6865	004/SS
	Lortab 10	SS	#30	Q	4/4/02		Yes No		347-6865	004/SS
	Meprobamate 750 4 hrs	PW	#30	Q	4/15/02		Yes No	JBS	written R	
	Meprobamate 750		#30	Q	4/19/02		Yes No		W	004/SS
	Lortab 10		#30	Q	5/6/02		Yes No		347-6865	004/SS
	Lortab 10		#30	Q	5/16/02		Yes No		W	004/SS
	Zanaflex 4 hrs		#30	Q			Yes No			
	Lortab 7.5 11071 700 4 hrs	SS	#30	Q	5/23		Yes No	OV	004/SS	
	Lortab 10		#30	Q	5/29/02		Yes No		347-6865	004/SS
	Lortab 10	SS	#30	Q	6/4/02		Yes No	JBS	Martin Colley 347-6865	004/SS

CONTINUING MEDICATIONS

EXHIBIT C

STATE OF ALABAMA

COUNTY OF DALE

AFFIDAVIT OF EDWIN B. BROWN

Edwin B. Brown, after being first duly sworn, deposes and says as follows:

1. My name is Edwin B. "Ed" Brown. I am over the age of majority and competent to testify to the matters stated herein. This Affidavit is based on my personal knowledge.

2. I am the Manager of Human Resource for Army Fleet Support, LLC (AFS) at Fort Rucker, Alabama. I have worked in AFS HR since July 2004 and have held my current position since December, 2005.

3. AFS prohibits employees from taking narcotics or mind-altering medications work or within 6 hours before the start of their shift. Attached to my affidavit are the excerpts from the indicated Sections of AFS's Human Resources Procedures Manual that address the subject:

- a. Section V.C.4. of Chapter 41 (Medical Leave) ("Employees will not be allowed to work while taking narcotics and/or mind-altering medications.") (Attachment "1").
- b. Section D ("Returning to Work After Medical Treatment") of Chapter 26 ("Worker's Compensation Program") requires that employees returning to work from a work related injury/illness must obtain a written clearance from the Worker's Compensation Administrator on a Medical Pass (form 261) from the employee's treating physician. (Attachment "2"). That Pass (Attachment "3") requires the employee to list, on separate lines, all "Non

Narcotics” and all “Narcotics” and states, in bold face print:

***** Narcotic Drugs cannot be taken within 6 hours of shift start time nor during shift*****


The employee is then required to place his/her initials in a blank below this statement.

4. I have checked AFS's records and determined that there are no authorizations for Jerry Fowler or Perry Phelps (who retired on September 30, 2004) to take medications at work and no medical restrictions on them.

5. I have checked AFS's records for Thomas Ford and Steven Milstid and determined that Thomas Ford was accommodated for four weeks beginning July 25, 2005, by not requiring him to lift over 25 pounds. Steven Milstid was accommodated for 45 days from November 21, 2005, until January 5, 2006, pursuant to a doctor's instruction that he was not to have any "weight bearing on his right ankle." Neither of these were permanent accommodations.

6. An "Ergonomic Analysis" of the Armament, Avionics, Electrical & Instrument Technician's job was prepared in October 2006 as part of an analysis of jobs at AFS by Southern Bone & Joint Sports Medicine & Rehab/Occupational Medicine Division. Attachment "4" is a copy of that Analysis.

Further, Affiant saith not.


Edwin B. Brown

Sworn to and subscribed to
before me on this the
14th day of June, 2007.

Janet B. Sanders
NOTARY PUBLIC

[Affix Notarial Seal]

My Commission Expires:

11-20-2007

Table of Contents

CHAPTER 41

MEDICAL LEAVE

- I. **PURPOSE:** To provide guidelines for administering the policy regarding medical leave of absence.
- II. **OBJECTIVES:** To ensure proper administration and monitoring of the Medical Leave programs provided by the Company and to ensure strict adherence to applicable Federal Laws covering medical leave programs including the Family Medical Leave Act (FMLA).
- III. **CONTROLS:** Supervisors approve disability leave of absence upon established proof of disability and indicate absence code on PAL Card. The Manager, Human Resources and the Benefits Manager both monitor the FMLA program
- IV. **DEFINITIONS:** None.
- V. **PROCEDURES:**
 - A. Disabled employees notify their supervisor of the disability and request leave of absence. The employee submits proof of disability through the Doctor's Certification.
 - B. Extended Medical Leave
 1. If disabled longer than 30 days, employees are transferred from their assigned work area to an inactive status under the jurisdiction of the Human Resources Department as follows:

Personal Disability	- Direct Labor - Department 40
Personal Disability	- Indirect Labor - Department 41
Industrial Accident	- Direct Labor - Department 42
Industrial Accident	- Indirect Labor - Department 43
Family and Medical Leave	- Direct Labor - Department 44
Family and Medical leave	- Indirect Labor - Department 45
 2. The Personnel Section processes a Personnel Status Change Request (Form 229), transferring the employee to an inactive status and clearing the employee through the department level.
 3. PAL cards indicating absence code are no longer required when transferred to the Inactive Department.

C. Employees must present to Manager, Human Resources with a release to return to work signed by their physician. Personnel Section coordinates with the appropriate director to determine location assignment.

1. Personnel Section prepares a Personnel Action report transferring the employee to active status and coordinates with the department head to where he will be assigned.
2. The returning employee may be examined by the company doctor at the discretion of the company. This examination is at the company's expense.
3. The employee is allowed to return to work at light duty or with restrictions if he can be reasonably accommodated for a given period of time. The Manager, Human Resources and the department head maintain coordination during the period of restriction.

-
4. Employees will not be allowed to work while taking narcotics and/or mind-altering medications.

D. Administrative Terminations

1. When an employee is in the inactive department for six months, he is administratively terminated for the maximum time allowed for leave of absence up to five years.
2. A Personnel Action report is prepared by the Personnel Section with the following notation on the form "Status change from extended medical leave of absence to terminated."
 - a. This procedure does not apply to employees on leave for industrial accident because their vacation and sick leave accruals continue during such leave.
 - b. The Personnel Action terminates the employee and removes him from the active records of the company.
3. The employee's records are annotated "Administrative Termination." A suspense file is established by Personnel to allow the employee leave of absence for a period equal to his length of employment but not to exceed five years.
4. Employees are terminated at the expiration of the Administrative Termination period. All personnel records are inactivated and annotated as terminated.

HUMAN RESOURCES MANUAL
Approved by: John Hamlin

Page 1 of 260
Issued: 12/01/03
Revised 08/30/05

Table of Contents
CHAPTER 26
WORKERS' COMPENSATION PROGRAM

PURPOSE:

To establish policies and procedures for the administration of the Workers' Compensation Program (WC Program) for work-related injuries and/or illnesses.

OBJECTIVES:

It is the intent of Army Fleet Support (AFS) to provide a safe workplace for all of its employees. However, when an employee does experience a work-related injury or illness, it is the Company's policy, consistent with Alabama State Law, to provide Workers' Compensation Benefits in accordance with the Collective Bargaining Agreement (CBA). These benefits are coordinated with, and may not overlap, any available temporary or permanent disability insurance benefit. Except where inconsistent with Alabama State Law, it is also the Company's policy to require those employees to return to work as soon as medically advisable and to provide limited duty tasks whenever feasible for those employees requiring them.

It is also the intent of AFS to inform all employees of appropriate accident reporting procedures and Workers' Compensation benefits available to them. All new hires will receive the two page "Incident Reporting & Workers' Compensation Benefit Guide" during their in-processing and will be required to review and complete a receipt and acknowledgement for placement in their 201 file.

CONTROLS:

This policy applies to all AFS employees who experience an injury or illness arising out of and in the course of their employment. It also applies to employees whose responsibilities include the administration of the workers compensation program, as well as to ALL Managers and Supervisors. Notification of all accidents and the determination of medical care for employees are the responsibility of the immediate Manager/Supervisor. Program administration and accounting are monitored by Tammie Brunson Maddox, Workers' Compensation Administrative Coordinator; plan implementation and/or changes are approved by the Manager, Human Resources.

The Workers' Compensation Office is located within Army Fleet Support Human Resources Department, 234 Donnell Boulevard, Daleville, Alabama. Normal office hours are Monday through Friday, 6AM ~ 5PM.

HUMAN RESOURCES MANUAL
Approved by: John Hamlin

Page 9 of 260
Issued: 12/01/03
Revised 08/30/05

D. RETURNING TO WORK AFTER MEDICAL TREATMENT

All employees receiving medical treatment and/or examination as the result of a work-related injury/illness will be required to report to the Workers' Compensation Administrator prior to returning to work **WITH ONLY ONE EXCEPTION** as noted below:

1. The employee must:
 - a) Immediately notify the immediate Supervisor and Workers' Compensation Administrator in person or by phone if the authorized physician has indicated the employee's inability to return to work.
 - b) Submit all documentation from PrimeCare (or a referral doctor scheduled by PrimeCare) to the Workers' Compensation Administrator the day of the incident or as early as possible the next business day prior to the employee's start of his/her normal workday.
 - c) Obtain a signature from the Workers' Compensation Administrator on the Medical Pass (form 261) prior to returning to work.
2. Employees are NOT authorized to return to work without receiving written clearance from the Workers' Compensation Administrator **WITH ONLY ONE EXCEPTION**:
An employee may return to work without the Workers' Compensation Administrator's approval when the results of the medical treatment/examination are received before or after normal business hours (6AM ~ 5PM) of the Workers' Compensation Department and the following guidelines are met:
 - a) The employee returns to work on the same workday without the use of any prescribed narcotic medication(s) indicated on the Medical Pass by the treating physician.
 - b) All work restrictions (if any) listed on the Medical Pass can be accommodated and approved by the immediate supervisor.
 - c) The employee notifies the Workers' Compensation Administrator of the accident (Direct Line 334-503-3247) upon the start of business on the following business day.
 - d) The immediate supervisor faxes a copy of the completed Medical Pass to the Workers' Compensation Administrator (598-0476) and sends a follow-up email with the information listed below:
 - ✓ Name of injured/ill employee
 - ✓ Employee's badge number
 - ✓ Date & time of accident
 - ✓ Current date & time
 - ✓ Supervisor's note indicating the accommodation(s) for employee's restrictions, if any.

ARMY FLEET SUPPORT (AFS), LLC
AFS - M-0105

HUMAN RESOURCES MANUAL
08/30/05
Approved by: John Hamlin

Page 10 of 260
Issued: 12/01/03
Revised

3. Employees are required to comply with the prescribed restrictions on a Medical Pass/Work Statement issued by an authorized medical physician. Employees found in violation may be subject to disciplinary action, termination of employment and/or termination of Workers' Compensation benefits.

E. ON THE JOB FATALITY

When an employee dies or is fatally injured/ill on the job, the Workers' Compensation Administrator must be notified immediately (Emergency Number (334-447-4181)). The Workers' Compensation Administrator is the initial internal contact and ensures that the deceased or fatally injured employee is taken to a hospital as appropriate for conclusive evidence of death and identity.

1. The Workers' Compensation Administrator accomplishes the following:
 - a) Immediately notifies the Director, Human Resources, the General Manager, and Director, EH&S. The General Manager will notify the Contracting Officer and the appropriate corporate officials.
 - b) Ensures the next-of-kin is promptly contacted after conclusive identification is established.
 - c) Coordinates with hospital officials and secures approval of the next of kin when an autopsy is indicated.
 - d) Arranges for the inventory, security and disposition of the personal belongings of the deceased.
2. The Director, EH&S accomplishes the following;
 - a. Notifies OSHA of fatality in accordance with 29 CFR Part 1904 Recording and Reporting Occupational Injuries and Illnesses.

F. CLAIMS ADMINISTRATION.

Upon receipt of an Occupational Injury/Illness Report (form 601), the employee's attendance record is reviewed to determine if the employee lost any time from work as a result of the accident. The injury/illness is reported to the Workers' Compensation insurance carrier. The carrier will prepare the Alabama Employer's First Report of Injury and fax it to the Workers' Compensation Administrator for the employee's file.

Work-related accidents involving medical attention are then recorded in the appropriate recording program as they occur. The OSHA 301 report is then generated for placement in the employee accident record. The OSHA 300/300A logs are maintained electronically and then posted as required by OSHA guidelines.

ARMY FLEET SUPPORT**RETURN TO WORK SLIP**

DATE: _____ TIME: _____ Last Day Worked: _____

☐ OTJ Injury☐ Short-Term Disability☐ FMLA☐ Other

EMPLOYEE NAME	NUMBER	CLASSIFICATION	LOCATION/SHIFT
---------------	--------	----------------	----------------

- ☐ Authorized to return to work with **NO RESTRICTIONS** on _____
- ☐ Presently working and released from **RESTRICTED/LIGHT DUTY** on _____
- ☐ Authorized to return to work on _____ with the following **RESTRICTION/LIGHT DUTY**: _____

☐ Able to Accommodate Medical Restriction(s)? ☐ Can ☐ Cannot

• Per Field Representative (name/title): _____

• Date _____

• Comments _____

☐ Prescribed Medications

• Non Narcotics: _____

• Narcotics: _____

****Narcotic Drugs cannot be taken within 6 hours of shift start time nor during shift****

Employee Initials: _____

An employee returning with restrictions or assigned to light duty will not be entitled to work overtime in accordance with Article 11.1 of the Collective Bargaining Agreement, until Personnel receives a statement from the doctor stating the employee may return to normal duties.

Employees on Restricted Duty will be by-passed when scheduling or polling for overtime. If asked, the employee must refuse the overtime. In either case, whether by-passed, or asked and refused, the employee is charged.

Manager, Personnel Services _____

Benefits / Worker's Comp Representative _____

Original: Personnel File
Copies: Department Head
Employee

Retain 7 Years AT
Dispose by Shredding

Form 288
11/09/06

Attachment 3

**SOUTHERN BONE & JOINT SPORTS MEDICINE & REHAB
OCCUPATIONAL MEDICINE DIVISION
DOTHAN, ALABAMA**

**ERGONOMIC ANALYSIS
AAENI – ARMY FLEET SUPPORT
OCTOBER 31, 2006**

JOB DESCRIPTION SUMMARY:

Per the job description manual provided by Army Fleet Support (May 2, 2005 through May 4, 2008), an armament, avionics, electrical, and instrument technician performs inspections, checks, troubleshooting, repair, overhaul, maintenance and preservation of avionics and similar equipment. Performs calibration of tools and equipment. Performs boresighting operations.

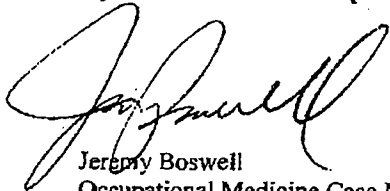
ERGONOMIC INDICATORS:

To perform the essential physical functions of AAENI the employee must be able to do the following:

1. Be able to lift at least 50 pounds on an occasional basis from all levels. Levels include floor-waist, waist-shoulder, and shoulder to overhead.
2. Be able to push and /or pull at least 100 pounds on an occasional basis.
3. Be able to bend / kneel / squat on a frequent basis.
4. Be able to climb a ladder on an occasional basis while holding at least 30 pounds in one hand.
5. Be able to frequently reach to shoulder and overhead level.
6. Be able to perform simple grasp and fine manipulation tasks on a frequent basis.
7. Be able to crawl on an occasional basis.

STRENGTH CLASSIFICATION:

By observation and description, this job would rate in the MEDIUM strength classification.



Jeremy Boswell
Occupational Medicine Case Manager
Southern Bone & Joint Sports Medicine & Rehab / Occupational Medicine Division

EXHIBIT D

STATE OF ALABAMA

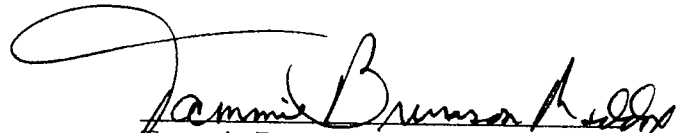
COUNTY OF DALE

AFFIDAVIT OF TAMMIE BRUNSON MADDOX

Tammie Brunson Maddox, after being first duly sworn, deposes and says as follows:

1. My name is Tammie Brunson Maddox. I am over the age of majority and competent to testify to the matters stated herein. This Affidavit is based on my personal knowledge.
2. I am a Program Coordinator, Workers' Compensation/Occupational Health for Army Fleet Support, LLC (AFS) at Fort Rucker, Alabama. I have held this position since 10/25/2004.
3. Attached to my Affidavit as Attachment "1" is "Memo of Record" which I prepared regarding Ms. Christine Bennett's visit to my office on or around January 15, 2005 and the events that occurred at that time.

Further, Affiant saith not.


Tammie Brunson Maddox

Sworn to and subscribed to
before me on this the
15th day of June 2007.


NOTARY PUBLIC

[Affix Notarial Seal]

My Commission Expires:

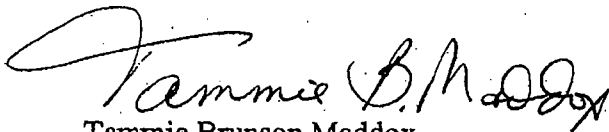
11/20/2007

MEMO OF RECORD

Christine Bennett

2/28/2005

On or around January 13, 2005, Ms. Christine Bennett visited my office and presented documentation requesting a return to work. The documentation she presented included a letter which she presented as a "letter from my physician" and a Medical Pass signed by her physician. The letter was not dated or signed and was typed on plain paper, not letterhead however, it began "This letter is in reference to my patient Christine Bennett." Being unfamiliar with her case, I consulted with both Darlene Whelan, Director of Human Resources and Mark Couch, Labor Relations. Darlene spoke with Ms. Bennett and advised that we would need to review the documentation and speak with her physician's office before a determination regarding return to work could be made. Upon further research I learned that Ms. Bennett was not an AFS employee but rather a former Dyncorp employee that had been out on WC leave since before AFS acquired the Ft. Rucker contract. She had presented AFS with a Functional Capacity Evaluation (FCE) and request to return to work in April, 2004 which was denied based on work restrictions. Upon speaking with her physician's office I was advised that the letter she had presented in January, 2005 had not been authored by her physician but actually had been authored by the patient with the request that her physician review and sign. Her physician's office has since provided me with a letter requesting return to work under the same conditions as the FCE conducted in April, 2004 as well as a statement explaining the patient's request regarding the unsigned letter.



Tammie Brunson Maddox

Administrative Coordinator/Workers' Compensation

EXHIBIT E

STATE OF ALABAMA

COUNTY OF DALE

AFFIDAVIT OF THOMAS A. GREEN

Thomas A. Green, after being first duly sworn, deposes and says as follows:

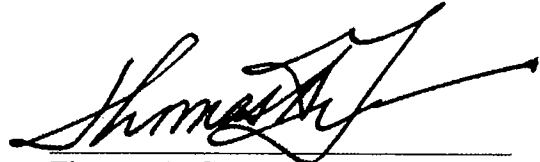
1. My name is Thomas A. Green. I am over the age of majority and competent to testify to the matters stated herein. This Affidavit is based on my personal knowledge.

2. I am General Manager of Army Fleet Support, LLC at Fort Rucker, Alabama.

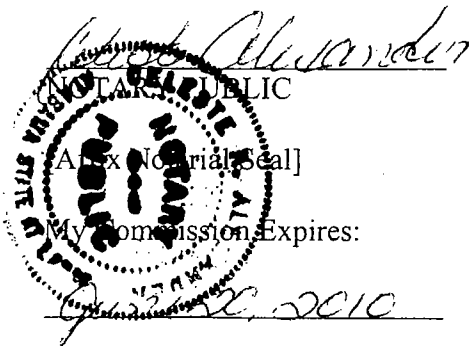
3. Attached to my Affidavit as Attachment "1" is a copy of my letter of March 1, 2005 to Mr. B. R. Brownell, President and Business Representative of IAM&AW District Lodge No.

74.

Further, Affiant saith not.


Thomas A. Green

Sworn to and subscribed to
before me on this the
14th day of June 2007.



ARMY FLEET SUPPORT

P.O. Box 620309 Fort Rucker, AL 36362-0309

March 1, 2005

Mr. B. R. Brownell
President and Directing Business Representative
IAM&AW District Lodge Number 75
220 Donnell Boulevard
Daleville, AL 36322

Ref: Your letter dated February 28, 2005

Dear Mr. Brownell:

Thank you for your letter reference Ms. Christine R. Bennett. I am aware of our on-going discussion concerning her situation. The letter that you have referenced is this company's first signed letter from a physician specifying Ms. Bennett's physical situation and we are looking at it with care.

In clarification I'd like to state that Ms. Bennett has never been an employee of Army Fleet Support, LLC. She cannot be reinstated.

We previously contacted her doctor on different occasions (every week for the past 6 weeks) and were unable to receive a signed statement from her physician indicating the extent of her restrictions. Upon receiving this notification, our worker's compensation office was informed that Ms. Bennett's restrictions may need to be readdressed due to recent issues. Dr. Granger has indicated he will be providing additional information after his review is complete.

Regardless, Dr. Granger's letter of February 4, 2005 confirms Ms. Bennett has reached her FCE and MMI as indicated in the April 6, 2004 report. As discussed with Ms. Bennett last year, the company is unable to accommodate these restrictions.

In making the company's determination not to accommodate Ms. Bennett's restrictions, rules governing employee moves, reclassifications, realignments, etc., contained in the Collective Bargaining Agreement (CBA) had to be taken into consideration. Since the company cannot guarantee nor restrict her location or type of work on a permanent basis, the IAM would be required to permanently waive seniority rights (as well as associated provisions outlined in Article 35 of the Collective Bargaining Agreement) in Ms. Bennett's situation before the company will consider accommodating her restrictions. To date, I am not aware of the IAM's desire to waive seniority rights in an effort to accommodate an employee's restrictions. Also remember that Ms. Bennett's right to reclassify to other locations and/or classifications would need to be waived, too.

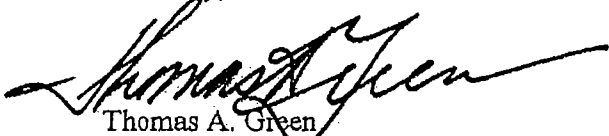
Attachment 1

Mr. B. R. Brownell
March 1, 2005
Page Two

Additionally, on or about January 13, 2005, Ms. Bennett presented a letter to our Worker's Compensation Administrative Coordinator stating conditions under which she would be able to return to work. The letter was presented by Ms. Bennett as being a "letter from my physician". The opening sentence reads, "This letter is in reference to my patient Christine Bennett." Upon investigation and during contact with her treating physician, it was confirmed that although he had been shown this letter by Ms. Bennett, it had not been written at the direction of his office. As you are aware, this organization takes all misstatements of facts very seriously and has historically terminated for falsification. In addition to the consideration of whether her work restrictions can be reasonably accommodated, this is an issue that must be examined (i.e. do we want to employ an individual that has misrepresented information).

I hope that this information helps clarify this situation, and the Company's right to evaluate each person's ability to work within a classification while respecting the seniority language of the CBA.

Sincerely,



Thomas A. Green
General Manager

TAG/kp

EXHIBIT F

STATE OF ALABAMA

COUNTY OF DALE

AFFIDAVIT OF JERRY FOWLER

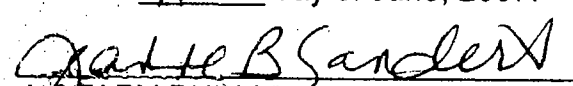
Jerry Fowler, after being first duly sworn, deposes and says as follows:

1. My name is Jerry Fowler. I am over the age of majority and competent to testify to the matters stated herein. This Affidavit is based on my personal knowledge.
2. I am an Armament Avionics Electrical & Instrument Technician (AAAE&I Tech@) for Army Fleet Support, LLC (AAFS@). I have held this position with AFS since December 1, 2003.
3. While employed by AFS, I have not used a morphine pump or any other narcotic at work, nor have I taken a narcotic within 6 hours of the start of my shift.
4. In ¹⁹⁹⁹1994, while working for the previous aircraft maintenance contractor, DynCorp Technical Services, LLC, I did use a morphine pump for approximately three or four days, following a short term disability leave of approximately three weeks. That was done with permission from DynCorp=s Human Resources Department.
5. There are no medical restrictions on my working for AFS.

Further, Affiant saith not.


JERRY FOWLER

Sworn to and subscribed to before me on
this the 14th day of June, 2007.


NOTARY PUBLIC
[Affix Notarial Seal]

My Commission Expires: 11/20/2007

EXHIBIT G

STATE OF ALABAMA

COUNTY OF DALE

AFFIDAVIT OF TOM THOMASINO

Tom Thomasino, after being first duly sworn, deposes and says as follows:

1. My name is Tom Thomasino. I am over the age of majority and competent to testify to the matters stated herein. This Affidavit is based on my personal knowledge.

2. I am an Armament Supervisor for Army Fleet Support, LLC ("AFS"). I have held this position with AFS since the beginning of its contract with the government on December 1, 2003. Prior to my employment with AFS, I was employed by DynCorp Technical Services, LLC in that same capacity.

3. Perry Phelps, who was nicknamed "Bullet," was an Armament Tech Lead over a crew that was under my supervision off-and-on for approximately one and one-half years. Some of that time was during his and my employment with AFS.

4. While Perry was under my supervision, I would observe him approximately four times per day. I never observed him taking Lortabs or other medications.

5. I am aware that Perry had rheumatoid arthritis, but I do not recall any time that he was accommodated with any restrictions or accommodations.

6. Had Perry been taking Lortabs with permission, that is something I would have been involved in, but I am not aware of any such instance.

7. AFS's policy is that employees are not to take narcotics on the job or within six hours before starting work. This policy was, and is, strictly observed in our area. I brief employees on this policy regularly.

Further, Affiant saith not.



Tom Thomasino

Sworn to and subscribed to
before me on this the
14th day of June 2007.


NOTARY PUBLIC

[Affix Notarial Seal]

My Commission Expires:

11/20/2007

EXHIBIT H

STATE OF ALABAMA

COUNTY OF DALE

AFFIDAVIT OF THOMAS E. FORD

Thomas E. Ford, after being first duly sworn, deposes and says as follows:

1. My name is Thomas E. Ford. I am over the age of majority and competent to testify to the matters stated herein. This Affidavit is based on my personal knowledge.

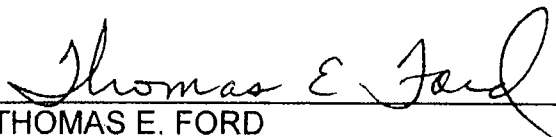
2. I am a Records Specialist Lead for Army Fleet Support, LLC at Hanchey Field, Fort Rucker, Alabama. I have held this position at AFS since December 1, 2003, when AFS began its contract with the military.

3. In all, I have worked for AFS and previous aircraft maintenance contractors at Fort Rucker a total of approximately twenty^{Two (TF)}~~three~~ years, six months. Twenty of those years were in some capacity as a Records Clerk, three of those years as a Production Control Clerk and six months as a Monitor. I have never worked as an aircraft mechanic.

4. I was injured in a job-related accident while working for Sikorsky in the mid-eighty=s. In 2005, I was out for five months on short term disability for medical issues related to those injuries. When I returned to work, I was temporarily accommodated by AFS for four weeks with no lifting over twenty-five pounds.

5. I have not been accommodated in any manner since that date.

Further, Affiant saith not.


THOMAS E. FORD

Sworn to and subscribed to before me on
this the 14th day of June, 2007.

Deanne B. Sanders
NOTARY PUBLIC

[Affix Notarial Seal]

My Commission Expires:

11/20/2007

EXHIBIT I

PDR® Electronic Library

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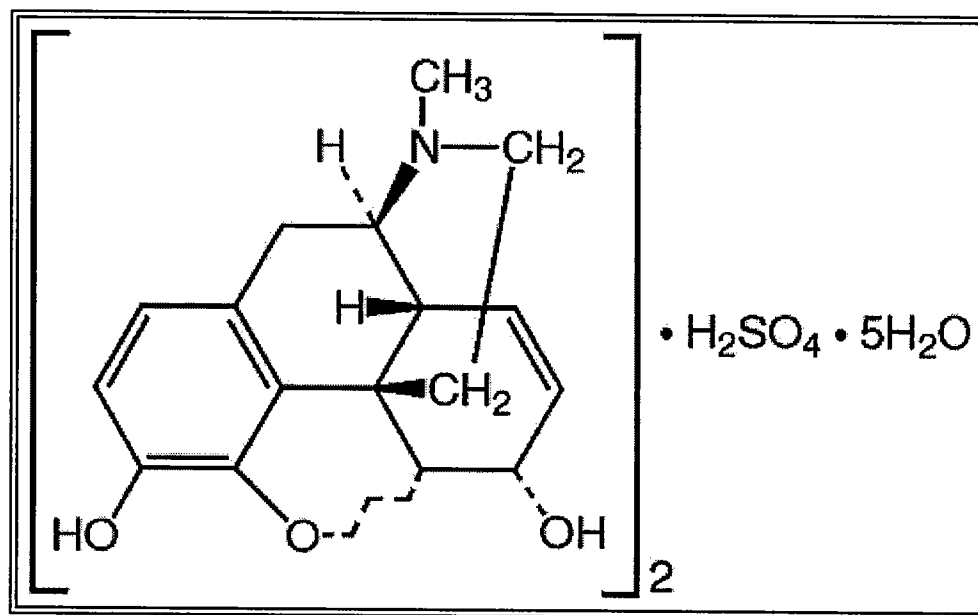
Report generated 01/05/2007 at 09:48 am

Kadian Capsules(Alpharma Branded Products)

DESCRIPTION

KADIAN® capsules 20, 30, 50, 60 and 100 mg contain identical polymer coated sustained release pellets of morphine sulfate for oral administration.

Chemically, morphine sulfate is 7,8-didehydro-4,5 (alpha)- epoxy-17-methyl-morphinan-3,6 (alpha)- diol sulfate (2:1) (salt) pentahydrate and has the following structural formula:



Morphine sulfate is an odorless, white, crystalline powder with a bitter taste and a molecular weight of 758 (as the sulfate). It has a solubility of 1 in 21 parts of water and 1 in 1000 parts of alcohol, but is practically insoluble in chloroform or ether. The octanol: water partition coefficient of morphine is 1.42 at physiologic pH and the pK_b is 7.9 for the tertiary nitrogen (mostly ionized at pH 7.4).

Each KADIAN® sustained release capsule contains either 20, 30, 50, 60, or 100 mg of Morphine Sulfate USP and the following inactive ingredients common to all strengths: hypromellose, ethylcellulose, methacrylic acid copolymer, polyethylene glycol, diethyl phthalate, talc, corn starch, and sucrose. The 20 mg capsule shell contains gelatin, silicon dioxide, sodium lauryl sulfate, D&C yellow #10, titanium dioxide, and black ink SW-9009. The 30 mg capsule shell contains gelatin, silicon dioxide, sodium lauryl sulfate, FD&C red #3, FD&C blue #1, titanium dioxide and black ink S-1-8114 or S-1-8115. The 50 mg capsule shell contains gelatin, silicon dioxide, sodium lauryl sulfate, D&C red #28, FD&C red #40, FD&C blue #1, titanium dioxide, and black ink SW-9009. The 60 mg capsule shell contains gelatin, silicon dioxide, sodium lauryl sulfate, D&C red #28, FD&C red #40, FD&C blue #1, titanium dioxide and black ink S-1-8114 or S-1-8115. The 100 mg capsule shell contains gelatin, silicon dioxide, sodium lauryl sulfate, D&C yellow #10, FD&C blue #1, titanium dioxide, and black ink SW-9009.

CLINICAL PHARMACOLOGY

Morphine is a natural product that is the prototype for the class of natural and synthetic opioid analgesics. Opioids produce a wide spectrum of pharmacologic effects including analgesia, dysphoria, euphoria, somnolence, respiratory depression, diminished gastrointestinal motility, altered circulatory dynamics, histamine release and physical dependence.

Exhibit I

Morphine produces both its therapeutic and its adverse effects by interaction with one or more classes of specific opioid receptors located throughout the body. Morphine acts as a pure agonist, binding with and activating opioid receptors at sites in the peri-aqueductal and periventricular grey matter, the ventro-medial medulla and the spinal cord to produce analgesia.

Effects on the Central Nervous System

The principal therapeutic actions of morphine are analgesia, sedation and alterations of mood. Opioids of this class do not usually eliminate pain, but they do reduce the perception of pain by the central nervous system.

Morphine produces respiratory depression by reducing the responsiveness of the brain stem respiratory centers to increases in carbon dioxide tension (or to direct electrical stimulation).

Morphine depresses the cough reflex by direct effect on the cough center in the medulla. Antitussive effects may occur with doses lower than those usually required for analgesia.

Morphine causes miosis, even in total darkness, and little tolerance develops to this effect. Pinpoint pupils are a sign of opioid overdose but are not pathognomonic (e.g. pontine lesions of hemorrhagic or ischemic origins may produce similar findings). Marked mydriasis rather than miosis may be seen due to severe hypoxia in overdose situations.

Effects on the Gastrointestinal Tract

Gastric, biliary and pancreatic secretions are decreased by morphine. Morphine causes a reduction in motility associated with an increase in tone in the antrum of the stomach and duodenum. Digestion of food in the small intestine is delayed and propulsive contractions are decreased. Propulsive peristaltic waves in the colon are decreased, while tone is increased to the point of spasm. The end result is constipation. Morphine can cause a marked increase in biliary tract pressure as a result of spasm of the sphincter of Oddi.

Effects on the Cardiovascular System

Morphine produces peripheral vasodilation which may result in orthostatic hypotension or syncope. Release of histamine may be induced by morphine and can contribute to opioid-induced hypotension. Manifestations of histamine release and/or peripheral vasodilation may include pruritus, flushing, red eyes and sweating.

Pharmacodynamics

The relationship between the blood level of morphine and the analgesic response will depend on the patient's age, state of health, medical condition, and the extent of previous opioid treatment.

A minimum effective concentration (MEC) of morphine for pain relief has been reported as 27.2 ± 14.5 ng/mL (mean \pm SD) in cancer patients treated with morphine solution. These results compare with the MEC for plasma morphine reported as 14.7 ± 4.8 ng/mL (mean \pm SD) in patients with postoperative pain. The high degree of variation is of clinical significance as it may result in either under-dosing or over-dosing if the dosage is not adjusted to the patient's clinical status and analgesic response (see **PRECAUTIONS** and **DOSAGE AND ADMINISTRATION**).

For opioid-tolerant patients the situation is much more complex. Some patients will become rapidly tolerant to the analgesic effects of morphine, and will require high daily oral morphine doses for adequate pain control. Since the development of tolerance to both the therapeutic and adverse effects of opioids is highly individualized, the dose of morphine should be individualized to the patient's condition and should not be based on an arbitrary choice of a dose or blood level to be achieved.

Pharmacokinetics

KADIAN® capsules contain polymer coated sustained release pellets of morphine sulfate that release morphine significantly more slowly than from morphine sulfate tablets and shorter-acting controlled-release oral morphine sulfate preparations. KADIAN® activity is primarily due to morphine. One metabolite, morphine-6-glucuronide, has been shown to have analgesic activity, but poorly crosses the blood-brain barrier.

Following oral administration, the extent of absorption is essentially the same for immediate or sustained release formulations, although the time to peak blood level (T_{max}) will be longer and the C_{max} will be lower for formulations that delay the release of morphine in the gastrointestinal tract.

Elimination of morphine is primarily via hepatic metabolism to glucuronide metabolites (55 to 65%) which are then renally excreted. The terminal half-life of morphine is 2 to 4 hours, however, a longer term half-life of about 15 hours has been reported in studies where blood has been sampled up to 48 hours.

The single-dose pharmacokinetics of KADIAN® are linear over the dosage range of 30 to 100 mg. The single dose and multiple dose pharmacokinetic parameters of KADIAN® in normal volunteers are summarized in Table 1.

Table 1: Mean pharmacokinetic parameters (% coefficient variation) resulting from a fasting single dose study in normal volunteers and a multiple dose study in patients with cancer pain.

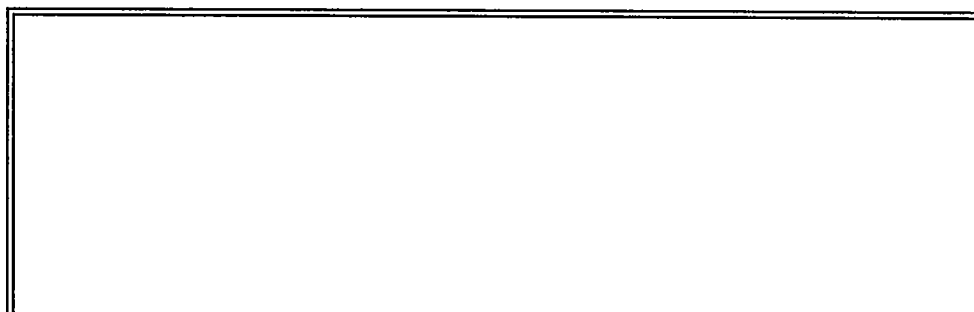
Regimen/ Dosage Form	AUC #, + (ng.h/mL)	C _{max} + (ng/mL)	T _{max} (h)	C _{min} + (ng/mL)	Fluctuation *
Single Dose (n=24)					
KADIAN® Capsule	271.0 (19.4)	15.6 (24.4)	8.6 (41.1)	na ^	na
Controlled-Release Tablet	304.3 (19.1)	30.5 (32.1)	2.5 (52.6)	na	na
Morphine Solution	362.4 (42.6)	64.4 (38.2)	0.9 (55.8)	na	na
Multiple Dose (n=24)					
KADIAN® Capsule q24h	500.9 (38.6)	37.3 (37.7)	10.3 (32.2)	9.9 (52.3)	3.0 (45.5)
Controlled-Release Tablet q12h	457.3 (40.2)	36.9 (42.0)	4.4 (53.0)	7.6 (60.3)	4.1 (51.5)
# For single dose AUC = AUC _{0-48h} , for multiple dose AUC = AUC _{0-24h} at steady state					
+ For single dose parameter normalized to 100 mg, for multiple dose parameter normalized to 100 mg per 24 hours					
* Steady-state fluctuation in plasma concentrations = $C_{max} - C_{min} / C_{min}$					
^ Not applicable					

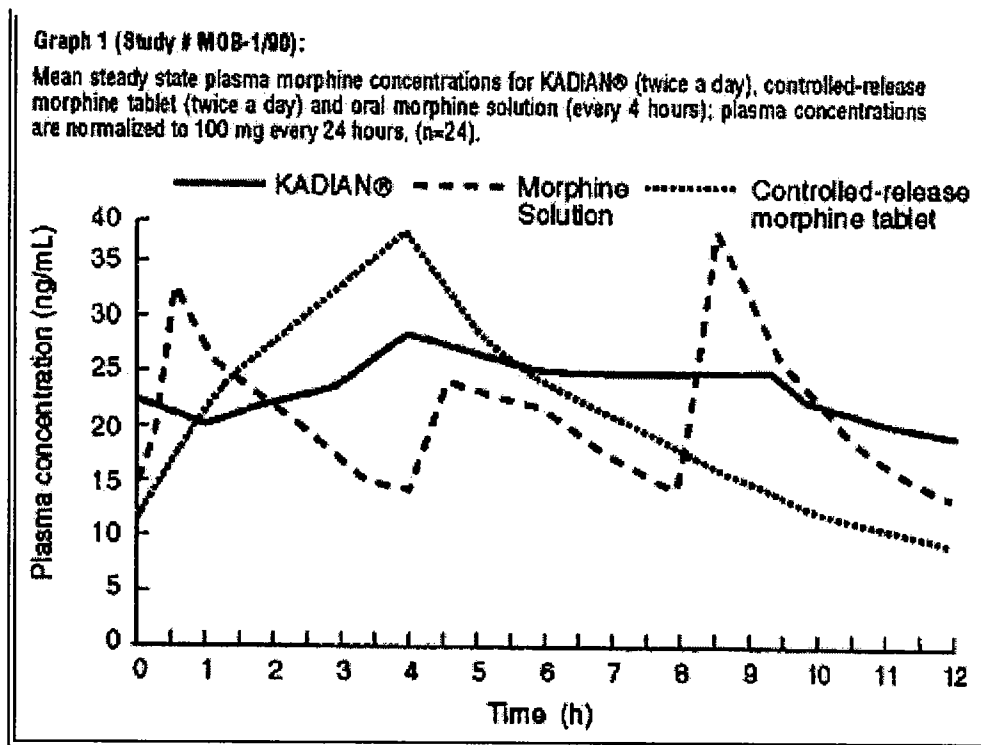
Absorption

Following the administration of oral morphine solution, approximately 50% of the morphine absorbed reaches the systemic circulation within 30 minutes. However, following the administration of an equal amount of KADIAN® to healthy volunteers, this occurs, on average, after 8 hours. As with most forms of oral morphine, because of pre-systemic elimination, only about 20 to 40% of the administered dose reaches the systemic circulation.

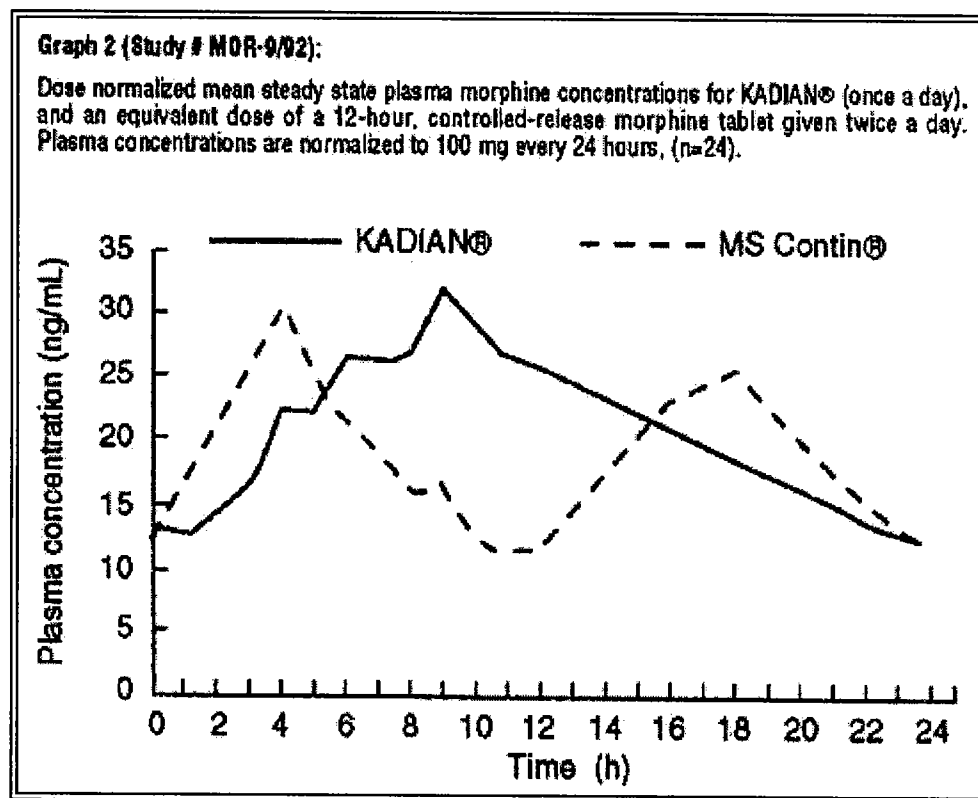
Food Effects: While concurrent administration of food slows the rate of absorption of KADIAN®, the extent of absorption is not affected and KADIAN® can be administered without regard to meals.

Steady State: When KADIAN® is given on a fixed dosing regimen to patients with chronic pain due to malignancy, steady state is achieved in about two days. At steady state, KADIAN® will have a significantly lower C_{max} and a higher C_{min} than equivalent doses of oral morphine solution and some other controlled-release preparations (see Graph 1).





When given once-daily (every 24 hours) to 24 patients with malignancy, KADIAN® had a similar C_{max} and higher C_{min} at steady state in clinical usage, when compared to twice-daily (every 12 hours) controlled-release morphine tablets (MS Contin®), given at an equivalent total daily dosage (see Graph 2 and Table 1). Drug-disease interactions are frequently seen in the older and more gravely ill patients, and may result in both altered absorption and reduced clearance as compared to normal volunteers (see Geriatric, Hepatic Failure, and Renal Insufficiency sections).



Distribution

Once absorbed, morphine is distributed to skeletal muscle, kidneys, liver, intestinal tract, lungs, spleen and brain.

The volume of distribution of morphine is approximately 3 to 4 L/kg. Morphine is 30 to 35% reversibly bound to plasma proteins.

Although the primary site of action of morphine is in the CNS, only small quantities pass the blood-brain barrier.

Morphine also crosses the placental membranes (see **PRECAUTIONS - Pregnancy**) and has been found in breast milk (see **PRECAUTIONS - Nursing Mothers**).

Metabolism

The major pathway of the detoxification of morphine is conjugation, either with D-glucuronic acid in the liver to produce glucuronides or with sulfuric acid to give morphine-3-etheral sulfate. Although a small fraction (less than 5%) of morphine is demethylated, for all practical purposes, virtually all morphine is converted to glucuronide metabolites including morphine-3-glucuronide, M3G (about 50%) and morphine-6-glucuronide, M6G (about 5 to 15%). Studies in healthy subjects and cancer patients have shown that the glucuronide metabolite to morphine mean molar ratios (based on AUC) are similar after both single doses and at steady state for KADIAN®, 12-hour controlled-release morphine sulfate tablets and morphine sulfate solution.

M3G has no significant analgesic activity. M6G has been shown to have opioid agonist and analgesic activity in humans.

Excretion

Approximately 10% of morphine dose is excreted unchanged in the urine. Most of the dose is excreted in the urine as M3G and M6G. A small amount of the glucuronide metabolites is excreted in the bile and there is some minor enterohepatic cycling. Seven to 10% of administered morphine is excreted in the feces.

The mean adult plasma clearance is about 20-30 mL/minute/kg. The effective terminal half-life of morphine after IV administration is reported to be approximately 2.0 hours. Longer plasma sampling in some studies suggests a longer terminal half-life of morphine of about 15 hours.

Special Populations

Geriatric: The elderly may have increased sensitivity to morphine and may achieve higher and more variable serum levels than younger patients. In adults, the duration of analgesia increases progressively with age, though the degree of analgesia remains unchanged. KADIAN® pharmacokinetics have not been investigated in elderly patients (>65 years) although such patients were included in the clinical studies.

Nursing Mothers: Morphine is excreted in the maternal milk, and the milk to plasma morphine AUC ratio is about 2.5:1. The amount of morphine received by the infant depends on the maternal plasma concentration, amount of milk ingested by the infant, and the extent of first pass metabolism.

Pediatric: Infants under 1 month of age have a prolonged elimination half-life and decreased clearance relative to older infants and pediatric patients. The clearance of morphine and its elimination half-life begin to approach adult values by the second month of life. Pediatric patients old enough to take capsules should have pharmacokinetic parameters similar to adults, dosed on a per kilogram basis (see **PRECAUTIONS - Pediatric Use**).

Gender: No meaningful differences between male and female patients were demonstrated in the analysis of the pharmacokinetic data from clinical studies.

Race: Pharmacokinetic differences due to race may exist. Chinese subjects given intravenous morphine in one study had a higher clearance when compared to caucasian subjects (1852 ± 116 mL/min versus 1495 ± 80 mL/min).

Hepatic Failure: The pharmacokinetics of morphine were found to be significantly altered in individuals with alcoholic cirrhosis. The clearance was found to decrease with a corresponding increase in half-life. The M3G and M6G to morphine plasma AUC ratios also decreased in these patients indicating a decrease in metabolic activity.

Renal Insufficiency: The pharmacokinetics of morphine are altered in renal failure patients. AUC is increased and clearance is decreased. The metabolites, M3G and M6G accumulate several fold in renal failure patients compared with healthy subjects.

Drug-Drug Interactions: The known drug interactions involving morphine are pharmacodynamic, not pharmacokinetic (see

PRECAUTIONS - Drug Interactions).**Clinical Studies**

A total of 177 healthy subjects and 337 patients with cancer pain participated in a total of 15 studies (10 pharmacokinetic and 6 clinical; one study reported both pharmacokinetic and clinical data). Of these individuals, 158 healthy subjects and 268 patients received KADIAN®. In the controlled clinical studies patients were followed for a median duration of 7 days and in the open label studies patients were followed for up to 12-24 months. KADIAN® was compared to oral morphine solution and to either MS Contin® or to a 12-hour controlled-release morphine tablet bioequivalent to MS Contin® using trial designs that followed the clinical and pharmacokinetic performance of each treatment in cancer patients receiving chronic opioid therapy.

In two controlled studies, patients with moderate to severe cancer pain were titrated with immediate-release morphine (IRM) solution or tablets to a stable total daily dose of morphine for at least three consecutive days, then randomized to KADIAN® or 12-hour controlled-release morphine for seven days of observation. KADIAN® given once a day proved similar to the same total dose of morphine given in divided doses in a 12-hour dosage form, with respect to pain relief, use of rescue medication, patient and investigator global assessment, and quality of sleep. Individual patient differences in the pattern of pain control emphasize the need to individualize both dose and dosing interval (see **DOSAGE AND ADMINISTRATION**).

INDICATIONS AND USAGE

KADIAN® is indicated for the management of moderate to severe pain where treatment with an opioid analgesic is indicated for more than a few days (see **CLINICAL PHARMACOLOGY**; **Clinical Studies**).

KADIAN® was developed for use in patients with chronic pain who require repeated dosing with a potent opioid analgesic, and has been tested in patients with pain due to malignant conditions. KADIAN® has not been tested as an analgesic for the treatment of acute pain or in the postoperative setting and is not recommended for such use.

CONTRAINDICATIONS

KADIAN® is contraindicated in patients with a known hypersensitivity to morphine, morphine salts or any of the capsule components.

KADIAN® is contraindicated in patients with respiratory depression in the absence of resuscitative equipment, and in patients with acute or severe bronchial asthma.

KADIAN® is contraindicated in any patient who has or is suspected of having paralytic ileus.

WARNINGS

(See also **CLINICAL PHARMACOLOGY**)

Impaired Respiration

Respiratory depression is the chief hazard of all morphine preparations. Respiratory depression occurs more frequently in elderly and debilitated patients, and those suffering from conditions accompanied by hypoxia, hypercapnia, or upper airway obstruction (when even moderate therapeutic doses may significantly decrease pulmonary ventilation).

Morphine should be used with extreme caution in patients with chronic obstructive pulmonary disease or cor pulmonale, and in patients having a substantially decreased respiratory reserve (e.g. severe kyphoscoliosis), hypoxia, hypercapnia, or pre-existing respiratory depression. In such patients, even usual therapeutic doses of morphine may increase airway resistance and decrease respiratory drive to the point of apnea.

Head Injury and Increased Intracranial Pressure

The respiratory depressant effects of morphine with carbon dioxide retention and secondary elevation of cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions, or a pre-existing increase in intracranial pressure. Morphine produces effects which may obscure neurologic signs of further increases in pressure in patients with head injuries. Morphine should only be administered under such circumstances when considered essential and then with extreme care.

Hypotensive Effect

KADIAN®, like all opioid analgesics, may cause severe hypotension in an individual whose ability to maintain blood pressure has already been compromised by a reduced blood volume, or a concurrent administration of drugs such as phenothiazines or general anesthetics. (see also **PRECAUTIONS - Drug Interactions**). KADIAN® may produce orthostatic hypotension and syncope in ambulatory patients.

KADIAN®, like all opioid analgesics, should be administered with caution to patients in circulatory shock, as vasodilation produced by the drug may further reduce cardiac output and blood pressure.

Gastrointestinal Obstruction

KADIAN® should not be given to patients with gastrointestinal obstruction, particularly paralytic ileus, as there is a risk of the product remaining in the stomach for an extended period and the subsequent release of a bolus of morphine when normal gut motility is restored. As with other solid morphine formulations diarrhea may reduce morphine absorption.

PRECAUTIONS (See also **CLINICAL PHARMACOLOGY**)

General

KADIAN® is intended for use in patients who require continuous treatment with a potent opioid analgesic. As with any potent opioid, it is critical to adjust the dosing regimen for KADIAN® for each patient, taking into account the patient's prior analgesic treatment experience. Although it is clearly impossible to enumerate every consideration that is important to the selection of the initial dose of KADIAN®, attention should be given to the points under **DOSAGE AND ADMINISTRATION**.

Cordotomy

Patients taking KADIAN® who are scheduled for cordotomy or other interruption of pain transmission pathways should have KADIAN® ceased 24 hours prior to the procedure and the pain controlled by parenteral short-acting opioids. In addition, the post-procedure titration of analgesics for such patients should be individualized to avoid either oversedation or withdrawal syndromes.

Use in Pancreatic/Biliary Tract Disease

KADIAN® may cause spasm of the sphincter of Oddi and should be used with caution in patients with biliary tract disease, including acute pancreatitis. Opioids may cause increases in the serum amylase level.

Special risk groups

KADIAN® should be administered with caution, and in reduced dosages in elderly or debilitated patients; patients with severe renal or hepatic insufficiency; patients with Addison's disease; myxedema; hypothyroidism; prostatic hypertrophy or urethral stricture.

Caution should also be exercised in the administration of KADIAN® to patients with CNS depression, toxic psychosis, acute alcoholism and delirium tremens, and convulsive disorders.

Driving and operating machinery

Morphine may impair the mental and/or physical abilities needed to perform potentially hazardous activities such as driving a car or operating machinery. Patients must be cautioned accordingly. Patients should also be warned about the potential combined effects of morphine with other CNS depressants, including other opioids, phenothiazines, sedative/hypnotics and alcohol (see **Drug Interactions**).

Information for Patients

If clinically advisable, patients receiving KADIAN® should be given the following instructions by the physician:

1. KADIAN® capsules should be swallowed whole (not chewed, crushed, or dissolved). Alternatively, KADIAN® capsules may be opened and the entire contents sprinkled on a small amount of applesauce immediately prior to ingestion. The pellets should NOT be chewed, crushed, or dissolved due to risk of overdose. When prescribing KADIAN® by the sprinkle method, details of proper technique should be explained to the patient. KADIAN® capsules may also be opened and the entire contents sprinkled over about

10 mL of water in a beaker then flushed with swirling through a pre-wetted 16-French gastrostomy tube fitted with a plastic funnel at the port end. The beaker is rinsed with additional aliquots of water as necessary to transfer all of the pellets to flush the tube. **NASOGASTRIC TUBES SHOULD NOT BE USED.** (also see **DOSAGE AND ADMINISTRATION**)

2. The dose of KADIAN® should not be adjusted without consulting the physician.
3. Morphine may impair mental and/or physical ability required for the performance of potentially hazardous tasks (e.g. driving, operating machinery). Patients started on KADIAN® or whose dose has been changed should refrain from dangerous activity until it is established that they are not adversely affected.
4. Morphine should not be taken with alcohol or other CNS depressants (sleeping medication, tranquilizers) because additive effects including CNS depression may occur. A physician should be consulted if other medications are currently being used or are prescribed for future use.
5. Women of childbearing potential who become or are planning to become pregnant, should consult a physician.
6. Upon completion of therapy, it may be appropriate to taper the morphine dose, rather than abruptly discontinuing it.
7. While psychological dependence ("addiction") to morphine used in the treatment of pain is very rare, morphine is one of a class of drugs known to be abused and should be handled accordingly.
8. As with other opioids, patients taking KADIAN® should be advised that severe constipation could occur and appropriate laxatives, stool softeners and other appropriate treatments should be initiated from the beginning of opioid therapy.

Drug Interactions

CNS Depressants: Morphine should be used with great caution and in reduced dosage in patients who are concurrently receiving other central nervous system (CNS) depressants including sedatives, hypnotics, general anesthetics, antiemetics, phenothiazines, other tranquilizers and alcohol because of the risk of respiratory depression, hypotension and profound sedation or coma. When such combined therapy is contemplated, the initial dose of one or both agents should be reduced by at least 50%.

Muscle Relaxants: Morphine may enhance the neuromuscular blocking action of skeletal relaxants and produce an increased degree of respiratory depression.

Mixed Agonist/Antagonist Opioid Analgesics: From a theoretical perspective, mixed agonist/antagonist analgesics (i.e. pentazocine, nalbuphine and butorphanol) should NOT be administered to patients who have received or are receiving a course of therapy with a pure opioid agonist analgesic. In these patients, mixed agonist/antagonist analgesics may reduce the analgesic effect and/or may precipitate withdrawal symptoms.

Monoamine Oxidase Inhibitors (MAOIs): MAOIs have been reported to intensify the effects of at least one opioid drug causing anxiety, confusion and significant depression of respiration or coma. We do not recommend the use of KADIAN® in patients taking MAOIs or within 14 days of stopping such treatment.

Cimetidine: There is an isolated report of confusion and severe respiratory depression when a hemodialysis patient was concurrently administered morphine and cimetidine.

Diuretics: Morphine can reduce the efficacy of diuretics by inducing the release of antidiuretic hormone. Morphine may also lead to acute retention of urine by causing spasm of the sphincter of the bladder, particularly in men with prostatism.

Food: KADIAN® capsules should be swallowed whole (not chewed, crushed, or dissolved). Alternatively, KADIAN® capsules may be opened and the entire contents sprinkled on a small amount of applesauce immediately prior to ingestion. The pellets in KADIAN® should NOT be chewed, crushed, or dissolved due to risk of overdose. (see **DOSAGE AND ADMINISTRATION**, and **INFORMATION FOR PATIENTS**)

Carcinogenicity/Mutagenicity/Impairment of Fertility

Long-term studies in animals to evaluate the carcinogenic potential of morphine have not been conducted. There are no reports of carcinogenic effects in humans.

In vitro studies have reported that morphine is non-mutagenic in the Ames test with *Salmonella* , and induces chromosomal aberrations in human leukocytes and lethal mutation induction in *Drosophila* . Morphine was found to be mutagenic *in vitro* in human T-cells, increasing the DNA fragmentation. *In vivo* , morphine was mutagenic in the mouse micronucleus test and induced chromosomal aberrations in spermatids and murine lymphocytes.

Chronic opioid abusers (e.g., heroin abusers) and their offspring display higher rates of chromosomal damage. However, the rates of chromosomal abnormalities were similar in nonexposed individuals and in heroin users enrolled in long term opioid maintenance programs.

Pregnancy

Teratogenic effects (Pregnancy Category C)

Teratogenic effects of morphine have been reported in the animal literature. High parental doses during the second trimester were teratogenic in neurological, soft and skeletal tissue. The abnormalities included encephalopathy and axial skeletal fusions. These doses were often maternally toxic and were 0.3 to 3-fold the maximum recommended human dose (MRHD) on a mg/m² basis. The relative contribution of morphine-induced maternal hypoxia and malnutrition, each of which can be teratogenic, has not been clearly defined. Treatment of male rats with approximately 3-fold the MRHD for 10 days prior to mating decreased litter size and viability.

Nonteratogenic effects

Morphine given subcutaneously, at non-maternally toxic doses, to rats during the third trimester with approximately 0.15-fold the MRHD caused reversible reductions in brain and spinal cord volume, and testes size and body weight in the offspring, and decreased fertility in female offspring. The offspring of rats and hamsters treated orally or intraperitoneally throughout pregnancy with 0.04- to 0.3-fold the MRHD of morphine have demonstrated delayed growth, motor and sexual maturation and decreased male fertility. Chronic morphine exposure of fetal animals resulted in mild withdrawal, altered reflex and motor skill development, and altered responsiveness to morphine that persisted into adulthood.

There are no well-controlled studies of chronic *in utero* exposure to morphine sulfate in human subjects. However, uncontrolled retrospective studies of human neonates chronically exposed to other opioids *in utero*, demonstrated reduced brain volume which normalized over the first month of life. Infants born to opioid-abusing mothers are more often small for gestational age, have a decreased ventilatory response to CO₂ and increased risk of sudden infant death syndrome.

Morphine should only be used during pregnancy if the need for strong opioid analgesia justifies the potential risk to the fetus.

Labor and Delivery

KADIAN® is not recommended for use in women during and immediately prior to labor, where shorter acting analgesics or other analgesic techniques are more appropriate. Occasionally, opioid analgesics may prolong labor through actions which temporarily reduce the strength, duration and frequency of uterine contractions. However, this effect is not consistent and may be offset by an increased rate of cervical dilatation which tends to shorten labor.

Neonates whose mothers received opioid analgesics during labor should be observed closely for signs of respiratory depression. A specific opioid antagonist, such as naloxone or nalmeferene, should be available for reversal of opioid-induced respiratory depression in the neonate.

Neonatal Withdrawal Syndrome

Chronic maternal use of opiates or opioids during pregnancy coexposes the fetus. The newborn may experience subsequent neonatal withdrawal syndrome (NWS). Manifestations of NWS include irritability, hyperactivity, abnormal sleep pattern, high-pitched cry, tremor, vomiting, diarrhea, weight loss, and failure to gain weight. The onset, duration, and severity of the disorder differ based on such factors as the addictive drug used, time and amount of mother's last dose, and rate of elimination of the drug from the newborn. Approaches to the treatment of this syndrome have included supportive care and, when indicated, drugs such as paragoric or phenobarbital.

Nursing Mothers

Low levels of morphine sulfate have been detected in human milk. Withdrawal symptoms can occur in breast-feeding infants when maternal administration of morphine sulfate is stopped. Because of the potential for adverse reactions in nursing infants from KADIAN®, a decision should be made whether to discontinue nursing or discontinue the drug, taking into account the importance of the drug to the mother.

Pediatric Use

There are studies from the literature reporting the safe and effective use of both immediate and sustained release oral morphine preparations for analgesia in pediatric patients who were dosed on a per kilogram basis. However, the safety of KADIAN®, both the entire capsule and the pellets sprinkled on applesauce, have not been directly investigated in pediatric patients below the age of 18 years. The range of doses available is not suitable for the treatment of very young pediatric patients or those who are not old enough to take capsules safely. The applesauce sprinkling method is not an appropriate alternative for these patients.

ADVERSE REACTIONS

Serious adverse reactions that may be associated with KADIAN® therapy in clinical use are those observed with other opioid analgesics and include: respiratory depression, respiratory arrest, circulatory depression, cardiac arrest, hypotension, and/or shock (see **OVERDOSAGE, WARNINGS**).

The less severe adverse events seen on initiation of therapy with KADIAN® are also typical opioid side effects. These events are dose dependent, and their frequency depends on the clinical setting, the patient's level of opioid tolerance, and host factors specific to the individual. They should be expected and managed as a part of opioid analgesia. The most frequent of these include drowsiness, dizziness, constipation and nausea. In many cases, the frequency of these events during initiation of therapy may be minimized by careful individualization of starting dosage, slow titration, and the avoidance of large rapid swings in plasma concentrations of the opioid. Many of these adverse events, will cease or decrease as KADIAN® therapy is continued and some degree of tolerance is developed, but others may be expected to remain troublesome throughout therapy.

Management of Excessive Drowsiness

Most patients receiving morphine will experience initial drowsiness. This usually disappears within 3-5 days and is not a cause of concern unless it is excessive, or accompanied by unsteadiness or confusion. Dizziness and unsteadiness may be associated with postural hypotension, particularly in elderly or debilitated patients, and has been associated with syncope and falls in non-tolerant patients started on opioids.

Excessive or persistent sedation should be investigated. Factors to be considered should include: concurrent sedative medications, the presence of hepatic or renal insufficiency, hypoxia or hypercapnia due to exacerbated respiratory failure, intolerance to the dose used (especially in older patients), disease severity and the patient's general condition.

The dosage should be adjusted according to individual needs, but additional care should be used in the selection of initial doses for the elderly patient, the cachectic or gravely ill patient, or in patients not already familiar with opioid analgesic medications to prevent excessive sedation at the onset of treatment.

Management of Nausea and Vomiting

Nausea and vomiting are common after single doses of morphine or as an early undesirable effect of chronic opioid therapy. The prescription of a suitable antiemetic should be considered, with the awareness that sedation may result (see **Drug Interactions**). The frequency of nausea and vomiting usually decreases within a week or so but may persist due to opioid-induced gastric stasis. Metoclopramide is often useful in such patients.

Management of Constipation

Virtually all patients suffer from constipation while taking opioids on a chronic basis. Some patients, particularly elderly, debilitated or bedridden patients may become impacted. Tolerance does not usually develop for the constipating effects of opioids. Patients must be cautioned accordingly and laxatives, softeners and other appropriate treatments should be used prophylactically from the beginning of opioid therapy.

Adverse Events Probably Related to KADIAN® Administration

In controlled clinical trials in patients with chronic cancer pain the most common adverse events reported by patients at least once during therapy were drowsiness (9%), constipation (9%), nausea (7%), dizziness (6%), and anxiety (6%). Other less common side effects expected from morphine or seen in less than 3% of patients in the clinical trials were:

Body as a Whole: Asthenia, accidental injury, fever, pain, chest pain, headache, diaphoresis, chills, flu syndrome, back pain, malaise, withdrawal syndrome

Cardiovascular: Tachycardia, atrial fibrillation, hypotension, hypertension, pallor, facial flushing, palpitations, bradycardia, syncope

Central Nervous System: Confusion, dry mouth, anxiety, abnormal thinking, abnormal dreams, lethargy, depression, tremor, loss of concentration, insomnia, amnesia, paresthesia, agitation, vertigo, foot drop, ataxia, hypesthesia, slurred speech, hallucinations, vasodilation, euphoria, apathy, seizures, myoclonus

Endocrine: Hyponatremia due to inappropriate ADH secretion, gynecomastia

Gastrointestinal: Vomiting, anorexia, dysphagia, dyspepsia, diarrhea, abdominal pain, stomach atony disorder, gastro-esophageal reflux, delayed gastric emptying, biliary colic

Hemic & Lymphatic: Anemia, leukopenia, thrombocytopenia

Metabolic & Nutritional: Peripheral edema, hyponatremia, edema

Musculoskeletal: Back pain, bone pain, arthralgia

Respiratory: Hiccup, rhinitis, atelectasis, asthma, hypoxia, dyspnea, respiratory insufficiency, voice alteration, depressed cough reflex, non-cardiogenic pulmonary edema

Skin and Appendages: Rash, decubitus ulcer, pruritus, skin flush

Special Senses: Amblyopia, conjunctivitis, miosis, blurred vision, nystagmus, diplopia

Urogenital: Urinary abnormality, amenorrhea, urinary retention, urinary hesitancy, reduced libido, reduced potency, prolonged labor

DRUG ABUSE AND DEPENDENCE

Morphine is the prototype of opioid agonist drugs, and may be subject to misuse, abuse and addiction. Addiction to opioids prescribed for pain management is rare, but requests for opioids from patients addicted to opioids are common and physicians should take appropriate care in prescribing this controlled substance.

Opioid analgesics may cause physical dependence. Physical dependence results in withdrawal symptoms in patients who abruptly discontinue the drug. Withdrawal also may be precipitated through the administration of drugs with opioid antagonist activity, e.g. naloxone, nalmefene, or mixed agonist/antagonist analgesics (pentazocine, butorphanol, nalbuphine), (see also **OVERDOSAGE**).

Physical dependence usually does not occur to a clinically significant degree until after several weeks of continued opioid usage. Tolerance, in which increasingly large doses are required in order to produce the same degree of analgesia, is initially manifested by a shortened duration of analgesic effect, and subsequently, by decreases in the intensity of analgesia.

In chronic pain patients, and in opioid-tolerant cancer patients, the administration of KADIAN® should be guided by the degree of tolerance manifested. Physical dependence, per se, is not ordinarily a concern when one is dealing with a patient in pain, and fear of tolerance should not deter using adequate doses to adequately relieve pain.

If morphine is abruptly discontinued an abstinence syndrome may occur. This is usually mild and is characterized by rhinitis, myalgia, abdominal cramping and occasional diarrhea. Most observable symptoms disappear in 5-14 days without treatment; however, there may be a phase of secondary or chronic abstinence which may last for 2-6 months characterized by insomnia, irritability and muscular aches.

If treatment of physical dependence of patients taking morphine is necessary, the patient may be detoxified by gradual reduction of the dose. Gastrointestinal disturbances or dehydration should be treated with supportive care.

KADIAN® has no role in the management of opioid addiction.

OVERDOSAGE

Symptoms

Acute overdosage with morphine is manifested by respiratory depression, somnolence progressing to stupor or coma, skeletal muscle flaccidity, cold and clammy skin, constricted pupils, and, sometimes, pulmonary edema, bradycardia, hypotension and death. Marked mydriasis rather than miosis may be seen due to severe hypoxia in overdose situations.

Treatment

Primary attention should be given to the re-establishment of a patent airway and institution of assisted or controlled ventilation. Gastric contents may need to be emptied to remove unabsorbed drug when a sustained release formulation such as KADIAN® has been taken. Care should be taken to secure the airway before attempting treatment by gastric emptying or activated charcoal.

The pure opioid antagonists, naloxone or nalmefene, are specific antidotes to respiratory depression which results from opioid overdose. Since the duration of reversal would be expected to be less than the duration of action of KADIAN®, the patient must be carefully

monitored until spontaneous respiration is reliably re-established. KADIAN® will continue to release and add to the morphine load for up to 24 hours after administration and the management of an overdose should be monitored accordingly. If the response to opioid antagonists is suboptimal or not sustained, additional antagonist should be given as directed by the manufacturer of the product.

Opioid antagonists should not be administered in the absence of clinically significant respiratory or circulatory depression secondary to morphine overdose. Such agents should be administered cautiously to persons who are known, or suspected to be physically dependent on KADIAN®. In such cases, an abrupt or complete reversal of opioid effects may precipitate an acute abstinence syndrome.

Opioid Tolerant Individuals: In an individual physically dependent on opioids, administration of the usual dose of the antagonist will precipitate an acute withdrawal. The severity of the withdrawal produced will depend on the degree of physical dependence and the dose of the antagonist administered. Use of an opioid antagonist should be reserved for cases where such treatment is clearly needed. If it is necessary to treat serious respiratory depression in the physically dependent patient, administration of the antagonist should be begun with care and by titration with smaller than usual doses.

Supportive measures (including oxygen, vasopressors) should be employed in the management of circulatory shock and pulmonary edema as indicated. Cardiac arrest or arrhythmias may require cardiac massage or defibrillation.

DOSAGE AND ADMINISTRATION

KADIAN® CAPSULES SHOULD BE SWALLOWED WHOLE (NOT CHEWED, CRUSHED, OR DISSOLVED).

ALTERNATIVELY, KADIAN® CAPSULES MAY BE OPENED AND THE ENTIRE CONTENTS SPRINKLED ON A SMALL AMOUNT OF APPLESAUCE IMMEDIATELY PRIOR TO INGESTION. THE PELLETS IN KADIAN® CAPSULES SHOULD NOT BE CHEWED, CRUSHED, OR DISSOLVED DUE TO RISK OF OVERDOSE.

TAKING CHEWED OR CRUSHED KADIAN® CAPSULES OR PELLETS WILL LEAD TO THE RAPID RELEASE AND ABSORPTION OF A POTENTIALLY TOXIC DOSE OF MORPHINE.

KADIAN® CAPSULES MAY BE OPENED AND THE ENTIRE CONTENTS SPRINKLED OVER ABOUT 10 ML OF WATER AND FLUSHED WITH SWIRLING THROUGH A PRE-WETTED 16 FRENCH GASTROSTOMY TUBE FITTED WITH FUNNEL AT THE PORT END. ADDITIONAL ALIQUOTS OF WATER ARE USED TO TRANSFER ALL PELLETS AND TO FLUSH THE TUBE. THE ADMINISTRATION OF KADIAN® PELLETS THROUGH A NASOGASTRIC TUBE SHOULD NOT BE ATTEMPTED.

The sustained release nature of KADIAN® allows it to be administered on **either** a once-a-day or twice-a-day schedule. KADIAN® produces analgesia similar to that produced by conventional immediate-release and controlled-release formulations for the same total daily dose of morphine. However, peak and trough blood levels depend on the release characteristics of each specific formulation, and other oral morphines may not be therapeutically equivalent to KADIAN® for an individual patient.

KADIAN® capsules have the same extent of absorption (AUC) as immediate-release oral formulations and controlled-release oral formulations of morphine sulfate. However, key pharmacokinetic parameters (e.g. C_{max} , T_{max}) for KADIAN® are significantly different from other controlled-release oral formulations.

As with any potent opioid drug product, it is critical to adjust the dosing regimen for each patient individually, taking into account the patient's prior analgesic treatment experience. In the selection of the initial dose of KADIAN®, attention should be given to:

1. the total daily dose, potency and kind of opioid the patient has been taking previously;
2. the reliability of the relative potency estimate used to calculate the equivalent dose of morphine needed;
3. the patient's degree of opioid tolerance;
4. the general condition and medical status of the patient;
5. concurrent medication;
6. the type and severity of the patient's pain.

The following dosing recommendations, therefore, can only be considered suggested approaches to what is actually a series of clinical decisions over time in the management of the pain of an individual patient.

Conversion from Other Oral Morphine Formulations to KADIAN®

Patients on other oral morphine formulations may be converted to KADIAN® by administering one-half of the patient's total daily oral morphine dose as KADIAN® capsules every 12 hours (twice-a-day) or by administering the total daily oral morphine dose as KADIAN® capsules every 24 hours (once-a-day). KADIAN® should not be given more frequently than every 12 hours.

Conversion from Parenteral Morphine or Other Parenteral or Oral Opioids to KADIAN®

KADIAN® can be administered to patients previously receiving treatment with parenteral morphine or other opioids. While there are useful tables of oral and parenteral equivalents in cancer analgesia, there is substantial interpatient variation in the relative potency of different opioid drugs and formulations. For these reasons, it is better to underestimate the patient's 24 hour oral morphine requirement and provide rescue medication, than to overestimate and manage an adverse event. The following general points should be considered:

Parenteral to oral morphine ratio: It may take anywhere from 2-6 mg of oral morphine to provide analgesia equivalent to 1 mg of parenteral morphine. A dose of oral morphine three times the daily parenteral morphine requirement may be sufficient in chronic use settings.

Other parenteral or oral opioids to oral morphine sulfate: Physicians are advised to refer to published relative potency data, keeping in mind that such ratios are only approximate. In general, it is safest to give half of the estimated daily morphine demand as the initial dose, and to manage inadequate analgesia by supplementation with immediate-release morphine. (See discussion which follows.)

The first dose of KADIAN® may be taken with the last dose of any immediate-release (short-acting) opioid medication due to the long delay until the peak effect after administration of KADIAN®.

Use of KADIAN® as the First Opioid Analgesic

There has been no evaluation of KADIAN® as an initial opioid analgesic in the management of pain. Because it may be more difficult to titrate a patient to adequate analgesia using a sustained release morphine, it is ordinarily advisable to begin treatment using an immediate-release morphine formulation.

Individualization of Dosage

The best use of opioid analgesics in the management of chronic malignant and non-malignant pain is challenging, and is well described in materials published by the World Health Organization and the Agency for Health Care Policy and Research which are available from Alpharma upon request. KADIAN® is a third step drug which is most useful when the patient requires a constant level of opioid analgesia as a "floor" or "platform" from which to manage breakthrough pain. When a patient has reached the point where comfort cannot be provided with a combination of non-opioid medications (NSAIDs and acetaminophen) and intermittent use of moderate or strong opioids, the patient's total opioid therapy should be converted into a 24 hour oral morphine equivalent.

KADIAN® should be started by administering one-half of the estimated total daily oral morphine dose every 12 hours (twice-a-day) or by administering the total daily oral morphine dose every 24 hours (once-a-day). The dose should be titrated no more frequently than every-other-day to allow the patients to stabilize before escalating the dose. If breakthrough pain occurs, the dose may be supplemented with a small dose (less than 20% of the total daily dose) of a short-acting analgesic. Patients who are excessively sedated after a once-a-day dose or who regularly experience inadequate analgesia before the next dose should be switched to twice-a-day dosing.

Patients who do not have a proven tolerance to opioids should be started only on the 20 mg strength, and usually should be increased at a rate not greater than 20 mg every-other-day. Most patients will rapidly develop some degree of tolerance, requiring dosage adjustment until they have achieved their individual best balance between baseline analgesia and opioid side effects such as confusion, sedation and constipation. No guidance can be given as to the recommended maximal dose, especially in patients with chronic pain of malignancy. In such cases the total dose of KADIAN® should be advanced until the desired therapeutic endpoint is reached or clinically significant opioid-related adverse reactions intervene.

Alternative Methods of Administration

In a study of healthy volunteers, KADIAN® pellets sprinkled over applesauce were found to be bioequivalent to KADIAN® capsules swallowed whole with applesauce under fasting conditions. Other foods have not been tested. Patients who have difficulty swallowing whole capsules or tablets may benefit from this alternative method of administration.

1. Sprinkle the pellets onto a small amount of applesauce. Applesauce should be room temperature or cooler.
2. Use immediately.
3. Rinse mouth to ensure all pellets have been swallowed.
4. Patients should consume entire portion and should not divide applesauce into separate doses.

The entire capsule contents may be administered through a 16 French gastrostomy tube.

1. Flush the gastrostomy tube with water to ensure that it is wet.

2. Sprinkle the KADIAN® Pellets into 10 mL of water.
3. Use a swirling motion to pour the pellets and water into the gastrostomy tube through a funnel.
4. Rinse the beaker with a further 10 mL of water and pour this into the funnel.
5. Repeat rinsing until no pellets remain in the beaker.

THE ADMINISTRATION OF KADIAN® PELLETS THROUGH A NASOGASTRIC TUBE SHOULD NOT BE ATTEMPTED.

Considerations in the Adjustment of Dosing Regimens

If signs of excessive opioid effects are observed early in the dosing interval, the next dose should be reduced. If this adjustment leads to inadequate analgesia, that is, if breakthrough pain occurs when KADIAN® is administered on an every 24 hours dosing regimen, consideration should be given to dosing every 12 hours. If breakthrough pain occurs on a 12 hour dosing regimen a supplemental dose of short-acting analgesic may be given. As experience is gained, adjustments in both dose and dosing interval can be made to obtain an appropriate balance between pain relief and opioid side effects. To avoid accumulation the dosing interval of KADIAN® should not be reduced below 12 hours.

Conversion from KADIAN® to Other Controlled-Release Oral Morphine Formulations

KADIAN® is not bioequivalent to other controlled-release morphine preparations. Although for a given dose the same total amount of morphine is available from KADIAN® as from morphine solution or controlled-release morphine tablets, the slower release of morphine from KADIAN® results in reduced maximum and increased minimum plasma morphine concentrations than with shorter acting morphine products. Conversion from KADIAN® to the same total daily dose of controlled-release morphine preparations may lead to either excessive sedation at peak or inadequate analgesia at trough and close observation and appropriate dosage adjustments are recommended.

Conversion from KADIAN® to Parenteral Opioids

When converting a patient from KADIAN® to parenteral opioids, it is best to calculate an equivalent parenteral dose, and then initiate treatment at half of this calculated value. For example, to estimate the required 24 hour dose of parenteral morphine for a patient taking KADIAN®, one would take the 24 hour KADIAN® dose, divide by an oral to parenteral conversion ratio of 3, divide the estimated 24 hour parenteral dose into six divided doses (for a four hour dosing interval), then halve this dose as an initial trial.

For example, to estimate the required parenteral morphine dose for a patient taking 360 mg of KADIAN® a day, divide the 360 mg daily oral morphine dose by a conversion ratio of 1 mg of parenteral morphine for every 3 mg of oral morphine. The estimated 120 mg daily parenteral requirement is then divided into six 20 mg doses, and half of this, or 10 mg, is then given every 4 hours as an initial trial dose.

This approach is likely to require a dosage increase in the first 24 hours for many patients, but is recommended because it is less likely to cause overdose than trying to establish an equivalent dose without titration.

Opioid analgesic agents may not effectively relieve dysesthetic pain, post-herpetic neuralgia, stabbing pains, activity-related pain, and some forms of headache. This does not mean that patients suffering from these types of pain should not be given an adequate trial of opioid analgesics. However, such patients may need to be promptly evaluated for other types of pain therapy.

Safety and Handling

KADIAN® consists of closed hard gelatin capsules containing polymer coated morphine sulfate pellets that pose no known handling risk to health care workers. Oral morphine products are not known to be associated with a high risk of diversion, but all strong opioids are liable to diversion and misuse both by the general public and health care workers, and should be handled accordingly.

HOW SUPPLIED

KADIAN® capsules contain white to off-white or tan colored polymer coated sustained release pellets of morphine sulfate and are available in five dose strengths:

20 mg size 4 capsule, yellow opaque cap imprinted KADIAN and yellow opaque body imprinted with 20 mg. Capsules are supplied in bottles of 30 (NDC 63857-322-03), 60 (NDC 63857-322-06), and 100 (NDC 63857-322-11).

30 mg size 4 capsule, blue violet opaque cap imprinted KADIAN and blue violet opaque body imprinted with 30 mg. Capsules are supplied in bottles of 30 (NDC 63857-325-03), 60 (NDC 63857-325-06), and 100 (NDC 63857-325-11).

50 mg size 2 capsule, blue opaque cap imprinted KADIAN and blue opaque body imprinted with 50 mg. Capsules are supplied in bottles of 30 (NDC 63857-323-03), 60 (NDC 63857-323-06), and 100 (NDC 63857-323-11).

60 mg size 1 capsule, pink opaque cap imprinted KADIAN and pink opaque body imprinted with 60 mg. Capsules are supplied in bottles of 30 (NDC 63857-326-03), 60 (NDC 63857-326-06), and 100 (NDC 63857-326-11).

100 mg size 0 capsule, green opaque cap imprinted KADIAN and green opaque body imprinted with 100 mg. Capsules are supplied in bottles of 30 (NDC 63857-324-03), 60 (NDC 63857-324-06), and 100 (NDC 63857-324-11).

Store at 25°C (77°F); excursions permitted to 15°-30°C (59°-86°F). Protect from light and moisture.

Dispense in a sealed, tamper-evident, childproof, light-resistant container.

CAUTION

DEA Order Form Required.

Rx only

KADIAN® is a licensed trademark of Alpharma Branded Products Division Inc.

MS Contin® is a registered trademark of The Purdue Frederick Company

Manufactured for: **Alpharma Branded Products Division Inc.**

One New England Avenue

Piscataway, NJ 08854

by: Purepac Pharmaceutical Co.

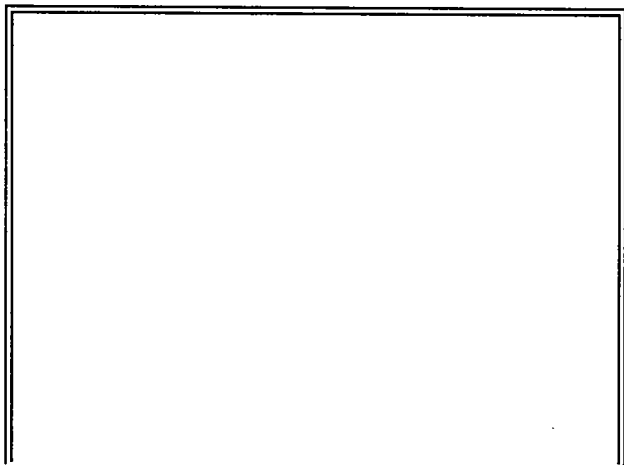
Elizabeth, NJ 07207 USA

40-8984 Revised--November 2004

PRODUCT PHOTO(S):

NOTE: These photos can be used only for identification by shape, color, and imprint. They do not depict actual *or relative* size.

The product samples shown here have been supplied by the manufacturer and reproduced in full color by PDR as a quick-reference identification aid. While every effort has been made to assure accurate reproduction, please remember that any visual identification should be considered preliminary. In cases of poisoning or suspected overdose, the drug's identity should be verified by chemical analysis.



C-II **ALPHARMA BRANDED
PRODUCTS DIVISION**

KADIAN 20 mg
20 mg

30 mg

50 mg

60 mg

KADIAN 100 mg
100 mg

KADIAN®
(morphine sulfate sustained release)

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EXHIBIT J

PDR® Electronic Library

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Report generated 01/05/2007 at 09:49 am

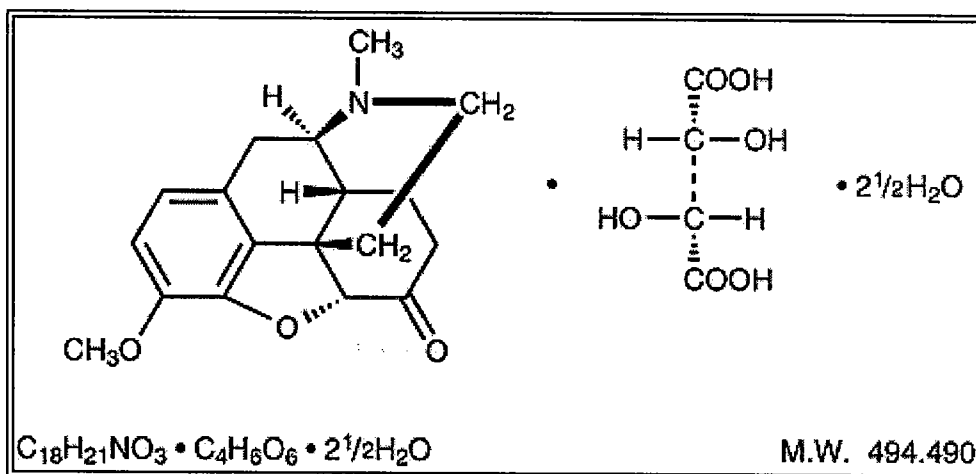
Lortab 10/500 Tablets, Lortab 5/500 Tablets, Lortab 2.5/500 Tablets, Lortab 7.5/500 Tablets(UCB)

DESCRIPTION

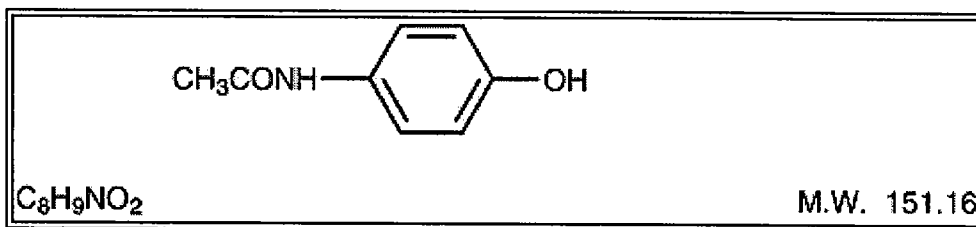
Hydrocodone bitartrate and acetaminophen is supplied in tablet form for oral administration.

WARNING: May be habit forming (see **PRECAUTIONS**, **Information for Patients**, and **DRUG ABUSE AND DEPENDENCE**).

Hydrocodone bitartrate is an opioid analgesic and antitussive and occurs as fine, white crystals or as a crystalline powder. It is affected by light. The chemical name is 4,5(alpha)-epoxy-3-methoxy-17-methylmorphinan-6-one tartrate (1:1) hydrate (2:5). It has the following structural formula:



Acetaminophen, 4'-hydroxyacetanilide, a slightly bitter, white, odorless, crystalline powder, is a non-opiate, non-salicylate analgesic and antipyretic. It has the following structural formula:



Each Lortab 2.5/500 tablet contains:

Hydrocodone Bitartrate 2.5 mg

Acetaminophen 500 mg

In addition, each tablet contains the following inactive ingredients: colloidal silicon dioxide, croscarmellose sodium, crospovidone, microcrystalline cellulose, povidone, pregelatinized starch, stearic acid and sugar spheres which are composed of starch derived from corn, sucrose, and FD&C Red #3. Meets USP dissolution test 1.

Exhibit J

INDICATIONS AND USAGE

Lortab Tablets are indicated for the relief of moderate to moderately severe pain.

CONTRAINDICATIONS

This product should not be administered to patients who have previously exhibited hypersensitivity to hydrocodone or acetaminophen.

Patients known to be hypersensitive to other opioids may exhibit cross sensitivity to hydrocodone.

WARNINGS

Respiratory Depression: At high doses or in sensitive patients, hydrocodone may produce dose-related respiratory depression by acting directly on the brain stem respiratory center. Hydrocodone also affects the center that controls respiratory rhythm, and may produce irregular and periodic breathing.

Head Injury and Increased Intracranial Pressure: The respiratory depressant effects of narcotics and their capacity to elevate cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions or a preexisting increase in intracranial pressure. Furthermore, narcotics produce adverse reactions which may obscure the clinical course of patients with head injuries.

Acute Abdominal Conditions: The administration of narcotics may obscure the diagnosis or clinical course of patients with acute abdominal conditions.

PRECAUTIONS

General: Special Risk Patients : As with any narcotic analgesic agent, Lortab Tablets should be used with caution in elderly or debilitated patients, and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, prostatic hypertrophy or urethral stricture. The usual precautions should be observed and the possibility of respiratory depression should be kept in mind.

Cough Reflex : Hydrocodone suppresses the cough reflex; as with all narcotics, caution should be exercised when Lortab Tablets are used postoperatively and in patients with pulmonary disease.

Information for Patients: Hydrocodone, like all narcotics, may impair mental and/or physical abilities required for the performance of potentially hazardous tasks such as driving a car or operating machinery; patients should be cautioned accordingly.

Alcohol and other CNS depressants may produce an additive CNS depression, when taken with this combination product, and should be avoided.

Hydrocodone may be habit-forming. Patients should take the drug only for as long as it is prescribed, in the amounts prescribed, and no more frequently than prescribed.

Laboratory Tests: In patients with severe hepatic or renal disease, effects of therapy should be monitored with serial liver and/or renal function tests.

Drug Interactions: Patients receiving narcotics, antihistamines, antipsychotics, antianxiety agents, or other CNS depressants (including alcohol) concomitantly with hydrocodone bitartrate and acetaminophen tablets may exhibit an additive CNS depression. When combined therapy is contemplated, the dose of one or both agents should be reduced.

The use of MAO inhibitors or tricyclic antidepressants with hydrocodone preparations may increase the effect of either the antidepressant or hydrocodone.

Drug/Laboratory Test Interactions: Acetaminophen may produce false-positive test results for urinary 5-hydroxyindoleacetic acid.

Carcinogenesis, Mutagenesis, Impairment of Fertility: No adequate studies have been conducted in animals to determine whether hydrocodone or acetaminophen have a potential for carcinogenesis, mutagenesis, or impairment of fertility.

Pregnancy:

Teratogenic Effects: Pregnancy Category C: There are no adequate and well-controlled studies in pregnant women. Lortab Tablets should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nonteratogenic Effects: Babies born to mothers who have been taking opioids regularly prior to delivery will be physically dependent. The withdrawal signs include irritability and excessive crying, tremors, hyperactive reflexes, increased respiratory rate, increased stools, sneezing, yawning, vomiting, and fever. The intensity of the syndrome does not always correlate with the duration of maternal opioid use or dose. There is no consensus on the best method of managing withdrawal.

Labor and Delivery: As with all narcotics, administration of this product to the mother shortly before delivery may result in some degree of respiratory depression in the newborn, especially if higher doses are used.

Nursing Mothers: Acetaminophen is excreted in breast milk in small amounts, but the significance of its effects on nursing infants is not known. It is not known whether hydrocodone is excreted in human milk. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants from hydrocodone and acetaminophen, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

Pediatric Use: Safety and effectiveness in the pediatric population have not been established.

Geriatric Use: Clinical studies of hydrocodone bitartrate and acetaminophen tablets did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger patients. In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosage range, reflecting the greater frequency of decreased hepatic, renal or cardiac function, and of concomitant disease or other drug therapy.

Hydrocodone and the major metabolites of acetaminophen are known to be substantially excreted by the kidney. Thus the risk of toxic reactions may be greater in patients with impaired renal function due to the accumulation of the parent compound and/or metabolites in the plasma. Because elderly patients are more likely to have decreased renal function, care should be taken in dose selection, and it may be useful to monitor renal function.

Hydrocodone may cause confusion and over-sedation in the elderly; elderly patients generally should be started on low doses of hydrocodone bitartrate and acetaminophen tablets and observed closely.

ADVERSE REACTIONS

The most frequently reported adverse reactions are light-headedness, dizziness, sedation, nausea and vomiting. These effects seem to be more prominent in ambulatory than in non-ambulatory patients, and some of these adverse reactions may be alleviated if the patient lies down.

Other adverse reactions include:

Central Nervous System: Drowsiness, mental clouding, lethargy, impairment of mental and physical performance, anxiety, fear, dysphoria, psychic dependence, mood changes.

Gastrointestinal System: Prolonged administration of Lortab Tablets may produce constipation.

Genitourinary System: Ureteral spasm, spasm of vesical sphincters and urinary retention have been reported with opiates.

Respiratory Depression: Hydrocodone bitartrate may produce dose-related respiratory depression by acting directly on brain stem respiratory centers (see **OVERDOSAGE**).

Special Senses: Cases of hearing impairment or permanent loss have been reported predominantly in patients with chronic overdose.

Dermatological: Skin rash, pruritus.

The following adverse drug events may be borne in mind as potential effects of acetaminophen: allergic reactions, rash, thrombocytopenia, agranulocytosis.

Potential effects of high dosage are listed in the **OVERDOSAGE** section.

DRUG ABUSE AND DEPENDENCE

Controlled Substance: Lortab Tablets are classified as a Schedule III controlled substance.

Abuse and Dependence: Psychic dependence, physical dependence, and tolerance may develop upon repeated administration of narcotics; therefore, this product should be prescribed and administered with caution. However, psychic dependence is unlikely to develop when hydrocodone bitartrate and acetaminophen tablets are used for a short time for the treatment of pain.

Physical dependence, the condition in which continued administration of the drug is required to prevent the appearance of a withdrawal syndrome, assumes clinically significant proportions only after several weeks of continued narcotic use, although some mild degree of physical dependence may develop after a few days of narcotic therapy. Tolerance, in which increasingly large doses are required in order to produce the same degree of analgesia, is manifested initially by a shortened duration of analgesic effect, and subsequently by decreases in the intensity of analgesia. The rate of development of tolerance varies among patients.

OVERDOSAGE

Following an acute overdosage, toxicity may result from hydrocodone or acetaminophen.

Signs and Symptoms:

Hydrocodone: Serious overdose with hydrocodone is characterized by respiratory depression (a decrease in respiratory rate and/or tidal volume, Cheyne-Stokes respiration, cyanosis) extreme somnolence progressing to stupor or coma, skeletal muscle flaccidity, cold and clammy skin, and sometimes bradycardia and hypotension. In severe overdosage, apnea, circulatory collapse, cardiac arrest and death may occur.

Acetaminophen: In acetaminophen overdosage: dose-dependent, potentially fatal hepatic necrosis is the most serious adverse effect. Renal tubular necrosis, hypoglycemic coma and thrombocytopenia may also occur.

Early symptoms following a potentially hepatotoxic overdose may include: nausea, vomiting, diaphoresis and general malaise. Clinical and laboratory evidence of hepatic toxicity may not be apparent until 48 to 72 hours post-ingestion.

In adults, hepatic toxicity has rarely been reported with acute overdoses of less than 10 grams, or fatalities with less than 15 grams.

Treatment: A single or multiple overdose with hydro-codone and acetaminophen is a potentially lethal polydrug overdose, and consultation with a regional poison control center is recommended.

Immediate treatment includes support of cardiorespiratory function and measures to reduce drug absorption. Vomiting should be induced mechanically, or with syrup of ipecac, if the patient is alert (adequate pharyngeal and laryngeal reflexes). Oral activated charcoal (1 g/kg) should follow gastric emptying. The first dose should be accompanied by an appropriate cathartic. If repeated doses are used, the cathartic might be included with alternate doses as required. Hypotension is usually hypovolemic and should respond to fluids. Vasopressors and other supportive measures should be employed as indicated. A cuffed endo-tracheal tube should be inserted before gastric lavage of the unconscious patient and, when necessary, to provide assisted respiration.

Meticulous attention should be given to maintaining adequate pulmonary ventilation. In severe cases of intoxication, peritoneal dialysis, or preferably hemodialysis may be considered. If hypoprothrombinemia occurs due to acetaminophen overdose, vitamin K should be administered intravenously.

Naloxone, a narcotic antagonist, can reverse respiratory depression and coma associated with opioid overdose. Naloxone hydrochloride 0.4 mg to 2 mg is given parenterally. Since the duration of action of hydrocodone may exceed that of the naloxone, the patient should be kept under continuous surveillance and repeated doses of the antagonist should be administered as needed to maintain adequate respiration. A narcotic antagonist should not be administered in the absence of clinically significant respiratory or cardiovascular depression.

If the dose of acetaminophen may have exceeded 140 mg/kg, acetylcysteine should be administered as early as possible.

Serum acetaminophen levels should be obtained, since levels four or more hours following ingestion help predict acetaminophen toxicity. Do not await acetaminophen assay results before initiating treatment. Hepatic enzymes should be obtained initially, and repeated at 24-hour intervals.

Methemoglobinemia over 30% should be treated with methylene blue by slow intravenous administration.

Atlanta, GA 30318

Lortab® 5/500, Lortab® 10/500

Manufactured by

Mallinckrodt Inc.

Hobart, New York 13788

3E 03/2004

Current as of 05/2005

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EXHIBIT A

STATE OF ALABAMA

COUNTY OF DALE

AFFIDAVIT OF JOHN L. HAMLIN

John L. Hamlin, after being first duly sworn, deposes and says as follows:

1. My name is John L. Hamlin. I am over the age of majority and competent to testify to the matters stated herein. This affidavit is based on my personal knowledge.
2. I am Director, Business and Contracts, for Army Fleet Support, LLC ("AFS"). I have held this position since December 2005.
3. In September, 2003, AFS was notified that it was the successful bidder in response to the US Army Aviation & Missile Command's ("the Government's") Request for Proposals to provide maintenance and logistics support, effective December 1, 2003, to aircraft assigned to the US Army Aviation Center, Aviation Technical Test Center ("ATTC"), US Army Aeromedical Research Laboratory and other tenant and satellite units on Fort Rucker, Alabama. The primary objective of the contract awarded to AFS ("the Contract") by the Government was, and is, to provide aircraft maintenance in support of the flight training programs at Fort Rucker.
4. AFS was awarded this Contract through competitive bidding that involved the incumbent contractor, DynCorp Technical Services, LLC, Sikorsky Support Services Incorporated ("SSSI"), a previous contractor, and others.
5. This Contract is the largest aircraft maintenance contract in the Department of Defense. More than 3,200 people are employed by AFS in its maintenance and

logistics program at Fort Rucker.

6. The services performed by AFS under the Contract are on a Cost Reimbursable Plus Award and Incentive Fee basis, as provided in the Request for Proposal upon which all bidders bid. In other words, AFS is reimbursed by the Government for its costs, plus an agreed percentage of the savings below target costs and the opportunity for incentive fees, based on performance. The base period of the Contract was for one year, with options to extend up to a total of ten years, three months. Currently, the Contract has been extended by the Government through September 30, 2008.

7. Per the contract terms dictated by the Government in its Request for Proposals, "[a]ll work will be performed in government furnished facilities at Fort Rucker, Alabama, and other locations as required." (See § C.1 of Attachment 1 (Continuation Sheet) of the Performance Work Statement attached to my affidavit.) The Government's Contract further provides that "[t]he Government will furnish the materials, supplies, equipment, machinery, [and] tools specified in the exhibits [to the Contract]." (See § C.10.1 of Attachment 1 (Continuation Sheet) of the Performance Work Statement attached to my Affidavit.) These materials, supplies, etc. include: existing aircraft maintenance facilities; Government-owned vehicles; new equipment training for the maintenance of new equipment that AFS is required to support; protective and flight clothing; utilities; aviation and motor vehicle fuels, oils, and petroleum

products required in the execution of the Contract; and reproduction (duplication) services. (See §§ C.10.1.1. - C.10.7 and Attachments 9, 9a, 10, 11 & 14.) AFS is accountable to return the facilities and non-expendable property to the Government, or turn them over to the successor contractor, at the conclusion of this Contract.

8. The furnishing of the above property pursuant to the Contract is not a subsidy or gift to AFS by the Government. These provisions were in the Request for Proposal issued by the Government and on which AFS and all other bidders submitted their Proposals. As a practical matter, since the objective of the Contract is to provide aircraft maintenance in support of the flight training programs at Fort Rucker, and the Government owns all of the real property and facilities comprising Fort Rucker, the successful bidder must maintain its operation on Fort Rucker to accomplish its mission in a timely manner. The facilities on Fort Rucker and most of the equipment there that are used by AFS, pre-existed the onset of the Contract and were used by previous contractors.

9. It is my understanding that the Government has entered similar contracts with other maintenance contractors over, approximately, the last fifty years. Were the Government not to furnish the property and services listed, the successful bidder would have to furnish that property and, in turn, charge the Government for same on a "cost-plus" basis.

10. The Government's furnishing of certain facilities and property for AFS's

use does not increase AFS=s profits. If anything, it reduces AFS=s profits since the Contract is a Acost-plus@ one, and AFS has no opportunity to earn a profit on the cost of the facilities and property furnished by the Government.

11. In performing its Contract with the Government, AFS is subject to the regulations listed in § C.12 of Attachment 1 (Continuation Sheet) of the Performance Work Statement attached to my affidavit. Those regulations include regulations of The Department of Defense and The Department of the Army.

Further, Affiant saith not.

John L. Hamlin
JOHN L. HAMLIN

Sworn to and subscribed to before me on
this the 15th day of June, 2007.

Robert Alexander
NOTARY PUBLIC
[Affiant Notarial Seal]
My Commission Expires:

June 20, 2010

ATTACHMENT 1 CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SINN DAAH23-03-C-0345 MOD/AMD	Page i
SECTION C.1	DESCRIPTION/SPECIFICATIONS/WORK STATEMENT INTRODUCTION	SECTION C.1
Name of Offeror or Contractor:		

C.1	INTRODUCTION.....	1
C.1.1	Performance Work Objective.....	1
C.1.2	Changes to the Available Aircraft Requirement	1
C.1.3	Applicable Documents.....	1
C.1.4	Performance Inspection Criteria.....	1
C.1.5	Tasks in Performance Work Statement (PWS)	2

CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SINN DAAH23-03-C-0345 MOD/AMD	Page 1
SECTION C.1	DESCRIPTION/SPECIFICATIONS/WORK STATEMENT INTRODUCTION	SECTION C.1

C.1 INTRODUCTION

The purpose of this contract is to provide quality maintenance support to the aircraft assigned as reflected in Attachment 2 to the US Army Aviation Center, Aviation Technical Test Center (ATTC), US Army Aeromedical Research Laboratory and other tenant and satellite units on Fort Rucker, Alabama. All work will be performed in government furnished facilities at Fort Rucker, Alabama, and other locations as required.

C.1.1 Performance Work Objective

The primary objective of this contract is to provide aircraft maintenance in support of the flight training at Fort Rucker, Alabama. For each month during the fiscal year (FY), the Government will provide the Contractor a fixed percentage of aircraft fleet required to be available for each day of the month having flight operations. The required number of available aircraft will vary by aircraft type. Contractor must execute aircraft maintenance to meet the available aircraft requirement for the month. The monthly projected available aircraft required for FY04 is provided in Attachment 2. Contractor must develop and execute a maintenance program to ensure the specified numbers of aircraft listed are available for launch. The Contractor shall maintain aircraft in accordance with appropriate Technical Manuals, Federal Aviation Regulations, and US Army Aviation Center (USAAVNC) Regulations and all Army Regulations.

C.1.2 Changes to the Available Aircraft Requirement

Changes to Attachment 2 may be made by the Contracting Officer Representative (COR) and provided to the Contractor two (2) weeks prior to the beginning of the month. After the two (2) week point, the requirement for available aircraft is fixed. Configuration and number of aircraft required shall be provided to the Contractor on a daily basis. Changes to aircraft configuration and configuration quantity only will be submitted no later than 3:00 pm the day prior to the actual requirement. Changes in configuration do not affect the number of aircraft required to be available.

C.1.3 Applicable Documents

- a. Where specific version of a document is called out as a reference, no other version shall be used without prior written consent of the Contracting Officer. The applicable version of subsidiary (second-tier) documents listed below shall be that version dated either concurrent with or just prior to the date of the listed documents.
- b. The Contractor shall generate and/or provide documentation as required by this Performance Work Statement, and the Contract Data Requirements List (CDRL) at Exhibit A. Exhibit A shall also apply to all options years.
- c. The documents listed on the Document Summary List (DSL) at Attachment 7 form a part of this contract to the extent invoked by specific reference in other paragraphs of this contract. Revision letters, amendment indicators, notices, supplements, tailoring, and dates are omitted when listed in other parts and sections of the contract. Documentation identified on the DSL shall be made available upon request for Government review in its current available format.
- d. Deliverable and non-deliverable data shall be capable of electronic transmission and storage to Government facilities or Government access electronically to the data at Contractor facilities. The Contractor shall maintain a system that provides electronic delivery/access to the Government. Data not developed under this contract will be provided in its currently available format.

C.1.4 Performance Inspection Criteria

For this acquisition, the Government desires to emphasize mission, performance, quality of maintenance, supply management, limited depot repair of parts, and cost effectiveness. The performance inspection criteria for this contract are established in Attachment 8.

CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SINN DAAH23-03-C-0345 MOD/AMD	Page 2
SECTION C.1	DESCRIPTION/SPECIFICATIONS/WORK STATEMENT INTRODUCTION	SECTION C.1

C.1.5 Tasks in Performance Work Statement (PWS)

The Contractor shall perform the entire spectrum of tasks as described in this PWS. Tasks include the following areas:

- C.2 AIRCRAFT MAINTENANCE
- C.3 MAINTENANCE OF COMPONENTS AND EQUIPMENT
- C.4 AUTOMATION
- C.5 OTHER SERVICES
- C.6 SUPPLY
- C.7 UNIQUE ATTC REQUIREMENTS
- C.8 MANAGEMENT AND PERSONNEL
- C.9 GENERAL PROVISIONS
- C.10 GOVERNMENT FURNISHED PROPERTY AND SERVICES
- C.11 DEFINITIONS AND ACRONYMS
- C.12 REFERENCES

ATTACHMENTS

- 1 Performance Work Statement
- 2 Required Aircraft Table
- 3 Assigned Aircraft
- 3a Projected Assigned Aircraft FY 04 - FY13
- 4 US Army Aviation Center (USAAVNC) Flying Hour Program
Critical Flight Hour Program
- 5 US Army Aviation Technical Test Center (ATTC) Estimated Flight Hours
- 6 ATTC Projected Maintenance Man hour Requirements Satellite Units
- 6a Fort Rucker Historical Maintenance Man hour Requirements Satellite Units and Other
Specific Tasks
- 7 Document Summary List/Regulations
- 8 Incentive Fee Determination Criteria
- 9 Government Furnished Property – Material and Supplies
- 9a Government Furnished Property – Equipment
- 10 Government Furnished Property – Facilities
- 11 Government Furnished Property – General Service Agency (GSA) Vehicle Density List
- 12 Contract Security Classification Specification (DD Form 254)
- 13 Inter/Intraservice Support Agreement or Other Approved
- 14 Government Furnished Property - ATTC
- 15 Projected National Maintenance Program

EXHIBITS

- Exhibit A Contract Data Requirements List (CDRL)

ATTACHMENT 1 CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SINN DAAH23-03-C-0345 MOD/AMD P00053	Page 1
SECTION C.10	DESCRIPTION/SPECIFICATIONS/WORK STATEMENT GOVERNMENT FURNISHED PROPERTY AND SERVICES	SECTION C.10

C.10. GOVERNMENT FURNISHED PROPERTY (GFP) AND SERVICES

C.10.1 Government Property

The Government will furnish the materials, supplies, equipment, machinery, tools specified in the exhibits. The Government will also provide repair parts and components for all Army aircraft, except the TH-67 through DoD Supply System (See Part C.6). Property provided by the Government will be in accordance with current Table of Distribution and Allowance (TDA) or as approved by the KO. The Contractor shall accomplish all maintenance functions relating to Government provided equipment under the terms of this contract as required by the Government Property clause.

C.10.1.1 Government Facilities

The Government will furnish for use by the Contractor existing aircraft maintenance facilities, reserving for its own use such facilities as are required for flight operations, maintenance inspections, and supply and storage. The maintenance of facilities, commonly referred to as "repairs and utility" functions, will be the responsibility of the Government. For all alterations, modifications, or additions to facilities, a Facilities Engineering Work Request (DA Form 4283) shall be submitted through the Property Administrator (PA) to the Directorate of Engineering and Logistics (DEL). **The Government will provide facilities listed in Attachment 10 Lists Facilities.** The Contractor shall not perform any modifications to Government facilities without approval of the PA and the KO.

C.10.1.2 Government-Owned Vehicles

The Government will furnish vehicles for official use by the Contractor. Government furnished non-tactical vehicles (NTV) will be furnished and maintained by the Government Services Administration (GSA) from GSA Interagency Fleet Management System (IFMS). All other types of Government-owned vehicles, i.e., fuel trucks, 5-ton wrecker, electric golf carts, etc., shall be furnished by the Government, but Contractor shall perform all maintenance. These Government-owned vehicles shall not be used to transport contractor employees between their homes and places of employment or for any personal business or benefit. All contractor employees operating Government-owned vehicles shall have a valid appropriate state operator's permit. Whenever possible, gas or electric powered "golf carts" shall be utilized in place of trucks, sedans, vans, or other "on-road" vehicles. The GSA Vehicle Density List at Attachment 11 contains trucks, sedans, and vans provided by the Government for contractor use. The Equipment List at Attachment 4a contains other type vehicles provided by Government for contractor's use. Contractor shall maintain a management information system on all vehicles and provide status IAW DI-MISC-80508.

C.10.1.3 Government-Owned Aircraft

Title and control of Government-owned aircraft shall remain in and with the Government.

C.10.2 Calibration Service and Maintenance

The Government will furnish only that calibration service and maintenance on Test, Measurement, and Diagnostic Equipment (TMDE), which is determined to be beyond the capability, responsibility and authority of the Contractor in accordance with those references cited in C.5.5 of this PWS.

C.10.3 New Equipment Training (NET)

The Government will, when required, provide NET to the Contractor for the maintenance of new equipment introduced which the Contractor is required to support. Upon notification by the KO or COR that training is available, the Contractor shall provide personnel who require the training for performance of duties. Each person provided such training will incur a minimum two (2) year obligation, after completion of training, to serve in the job classification/position for which the training was received, provided the person remains employed by the Contractor. Persons receiving NET of two weeks or longer will not be eligible for additional formal training during the two (2) year obligation, unless such additional training is on equipment for the same aircraft system or there is a requirement to train an employee on more than one type aircraft during this period.

ATTACHMENT 1 CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SINN DAAH23-03-C-0345 MOD/AMD P00053	Page 2
SECTION C.10	DESCRIPTION/SPECIFICATIONS/WORK STATEMENT GOVERNMENT FURNISHED PROPERTY AND SERVICES	SECTION C.10

C.10.4 Protective and Flight Clothing

The Government will furnish protective and flight clothing, which shall be utilized by contractor personnel in areas requiring such in the performance of the contract. The Contractor shall submit requests for protective and flight clothing to the PA for approval.

C.10.5 Utilities

The Government will furnish utility related services currently available in the facilities to be provided. These utilities include heating fuels, gas, electricity, water, and sewage. The Contractor shall abide by installation regulations on energy conservation.

C.10.6 Mobility Fuels

The Government will furnish all aviation and motor vehicle fuels, oils, and petroleum products required in the execution of the contract.

C.10.7 Reproduction Service

The Government shall provide, if available, all reproduction (duplication) required under the Government printing and binding regulations. If the Government cannot provide required services within the necessary timeframe, the contractor is authorized to utilize commercial sources. The contractor shall select the most economical means of obtaining services, considering overall quality services provided.

C.10.8 Contractor Provided Equipment

The Contractor will provide all facilities, equipment, repair parts, supplies, and materials required by this contract except as otherwise designated as GFP/GFE. The Contractor shall assume property responsibility for Aircraft Basic Issue List Items (DA Form 2408-17 and DA Pam 738-751). Mechanics' hand tools as appearing on approved tool lists and supplies required to maintain said tools in functional condition are specifically excluded from provision as GFE under this contract.

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C.10.9 Utilization of Government Furnished Equipment

The GFE shall be utilized in accordance with and utilization data shall be collected and reported on GFE as required by the FAR, DFARS, AFARS, and AR 71-13.

C.10.10 Status Report

Vehicle and Equipment Deadline Status Report shall be prepared LAW DI-MISC-80508.

ATTACHMENT 1 CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SINN DAAH23-03-C-0345 MOD/AMD P00053	Page 1
SECTION C.12	DESCRIPTION/SPECIFICATIONS/WORK STATEMENT REFERENCES	SECTION C.12
Name of Offeror or Contractor:		

C.12 REFERENCES

C.12.1 Primary Reference Documents

C.12.2 Reference Publications

Government and commercial references required in support of this PWS total approximately 85,000 separate publications, precluding their being listed individually. Therefore, upon request, a copy of the most current DA Form 12 series, Adjutant General Publication Center Printout, and available indexes of commercial publications maintained by the present contractor will be made available. Also, upon request, the master library and engineering technical data library maintained in Building 415 by the present contractor will be available for review. Also, the contractor shall maintain a complete set of Army Approved Directives (C.12.3.3) in Building 412 designated reference library.

C.12.3 Publications List

Specific types of government and commercial publications required, but not limited to, in support of this PWS are as follows:

C.12.3.1 Government Publications

Department of the Army Regulations (AR)

Department of the Army Pamphlets (DA Pam)

Department of the Army Circulars (DA Cir)

Department of the Army Memorandums (DA Memo)

Department of Defense Regulations (DOD Reg)

Department of Defense Manuals

Federal Information Processing Standards (FIPS)

Common Tables of Allowance (CTA)

Department of the Army Field Manuals (DA FM)

Department of the Army Technical Manuals (DA TM)

Department of the Army Modification Work Orders (DA MWO)

Department of the Army Technical Bulletins (DA TB)

Department of the Army Training Circulars (DA TC)

Table of Organizational Equipment (TOE)

Federal Supply Classification (FSC)

Letter Orders (LOS)

Supply Bulletins (SB)

Department of Defense Specifications and Standards (DOD Specs & Stds)

Depot Maintenance Work Requirements

Department of Defense Flight Information Publications (DOD FLIPS)

US Army Aviation Center Regulations (USAAVNC Reg)

ATTACHMENT 1 CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SINN DAAH23-03-C-0345 MOD/AMD P00053	Page 2
SECTION C.12	DESCRIPTION/SPECIFICATIONS/WORK STATEMENT REFERENCES	SECTION C.12
Name of Offeror or Contractor:		

US Army Aviation Center Circulars (USAAVNC Cir)

US Army Aviation Center Pamphlets (USAAVNC Pam)

DA Regulations (USAAVNC Suppl to DA Reg)

Federal Aviation Administration Regulation (FAR)

Federal Aviation Administration Type Certificates

Federal Aviation Administration Advisory Circulars

Federal Aviation Administration Airworthiness Directives

Federal Aviation Administration Summary of Supplement Type Certificates

Military Specifications and Standards (MIL Specs & Std)

Other Miscellaneous Publications

US Army Test and Evaluation Command Regulations (ATEC Reg)

US Army Test and Evaluation Command Pamphlets (ATEC PAM)

US Army Materiel Command Regulations (AMC Reg)

US Army Materiel Command Pamphlets (AMC Pam)

US Army Developmental Test Command Regulations (DTC Reg)

US Army Developmental Test Command Pamphlets (DTC Pam)

US Army Developmental Test Command Circulars (DTC Cir)

US Army Aviation Technical Test Center Regulations (ATTC Reg)

US Army Aviation Technical Test Center Pamphlets (ATTC Pam)

US Army Aviation Technical Test Center Circulars (ATTC Cir)

ATTC Supplements to AMC Regulations (ATTC Suppl to AMC Reg)

ATTC Supplements to DTC Regulations (ATTC Suppl to DTC Reg)

ATTC Supplements to DA Regulations (ATTC Suppl to DA Reg)

C.12.3.2 Commercial Publications

Manufacturers' Information Letters

Manufacturers' Service Letters

Manufacturers' Service Notices

Manufacturers' Service Instructions

Manufacturers' Service Bulletins

Manufacturers' Sales Letters

Manufacturers' Operator's Manuals

Manufacturers' Services Manuals

Manufacturers' Maintenance Manuals

ATTACHMENT 1 CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SINN DAAH23-03-C-0345 MOD/AMD P00053	Page 3
SECTION C.12	DESCRIPTION/SPECIFICATIONS/WORK STATEMENT REFERENCES	SECTION C.12
Name of Offeror or Contractor:		

Manufacturers' Repair Parts Listings

Manufacturers' Overhaul Manuals

Manufacturers' Parts Price Lists

Manufacturers' Engineering Drawings

Commercial Publications.

Manufacturers' Engineering Specifications

Manufacturers' Special Service Tools

Manufacturers' Test Specifications

Other Miscellaneous Publications

C.12.3.3 Army Approved Directives.

Contractor Procedural Manuals

Contractor Process Controls

Contractor Engineering Standards

Contractor Engineering Change Memos

Depot Level Maintenance Authorizations

Technical Directive Routers

DA Form 2028 Responses, Approved Pending Manual Changes

Other Miscellaneous Publications

**SECTION J
ATTACHMENT 9**

MATERIALS AND SUPPLIES

PIIN/SIN: DAAH23-03-C-0345
MOD/AMD _____

The materials and supplies listing consists of the following:

(a) Authorized Stockage List (ASL)

1. RIC ALD
2. RIC W0H
3. TH 67

(b) Prescribed Load List (PLL)

1. AH-64A
2. AH-64D
3. CH-47
4. OH-58C
5. OH-58D
6. UH-1
7. UH-60

(c) Shop Stock Level (SSL)

1. AMSS
2. AMSS TH-67
3. Cairns Field TH-67
4. Hanchey Field
5. Lowe Field

**SECTION J
ATTACHMENT 9a**

EQUIPMENT

DAAH23-03-C

1. The Defense Property Accounting System (DPAS) listing contains the Industrial Property List that consists of Table of Distribution and Allowances (TDA) property and other equipment that are authorized for performance under the contract and the quantities currently on hand. The contractor is authorized to requisition the authorized quantities on this listing. Deliveries will be subject to availability from the appropriate commodity code. Changes to the authorized quantities will be considered effective upon written approval by the PBO.

2. The Government shall approve and provide the necessary Department of Defense Activity Address Codes (DODAAC) for the Contractor to perform the activities and acquisitions of the mission assignment.

3. The TDA items hand-receipted from other property books for use on the contract are clearly identified as such.

4. A joint inventory will be made during Phase-In/Phase-Out in accordance with the contract clause "Continuity of Services".

SECTION J
ATTACHMENT 10

PIIN/SINN: DAAH23-03-C-0345
MOD/AMD

Page 1 of 2

GOVERNMENT FURNISHED PROPERTY - FACILITIES

The facilities identified with this Performance Work Statement will be provided to the Contractor by the Government. (*indicates shared with Government)

FACILITY NO.	DESCRIPTION - FIELD	TOTAL AREA
405	AC Comp Maintenance-Ground Equip Shop-Main Post	12400
412	Admin General Purpose-ACLC	14602
413	Flam Material Storage-Motor Pool-Main Post	120
414	Tech Publication Storage - Main Post	288
415	AC Comp Maintenance - AMSS - Main Post	71176
416	AC Paint Shop - AMSS - Main Post	3800
423	Storage General Purpose Inst-AMSS - Main Post	400
424	Storage General Purpose Inst-AMSS - Main Post	48
426	QA/CAL General Purpose-X-Ray - Main Post	638
427	AC Parts Storage - AMSS - Main Post	1800
429	Storage General Purpose - AMSS - Main Post	288
1003	Storage General Purpose - Main Post (STAMIS)	6000
1004	Storage General Purpose - Main Post (STAMIS)	9000
1005	Storage General Purpose - Main Post (STAMIS)	9000
1013	AC Comp Maintenance - Trans Run Stand - Main Post	3000
1106	Mgmt General Purpose - QDR	
1206	Flam Material Storage - Main Post	1200
	AC Parts Storage -	780
	Gear -Warehouse	9000
1302	Storage General Purpose -Ind Property Warehouse	9100
1303	Storage General Purpose - Shipping Warehouse	9000
1305	Storage General Purpose - Receiving Warehouse	9000
1401	Storage General Purpose - AMSS Warehouse	9320
1402	Storage General Purpose - AMSS Warehouse	9000
7205	Flam Material Storage	120
10401	AC Engine Test Cell - Tank Hill	240
10406	Sep Toilet/Shower - Tank Hill	64
25105	AC Maintenance Hanger - Knox	21801
25161	Maintenance General Purpose - Knox Motor Pool	3000
25162	Flam Material Storage - Knox	1,200
25165	AC Maintenance Hanger - Knox	58,713
25166	Storage Bldg - Knox Warehouse	14,000
25641	Ammo Break Down Area - Molinelli Range	400
25642	Storage Bldg - Molinelli Range	352
25645	General Storage + Break Room - Molinelli Range	1,200
25646	Latrine - Molinelli Range	352
25647	Jet Fuel Storage ABV - Molinelli Range	1,120
30101	AC Maintenance Hanger - Cairns	37,989
30103	AC Maintenance Hanger - Cairns	35,392
30113	AC Maintenance Hanger - Cairns	4,000
30301	AC Maintenance Hanger - Cairns	24,616
30302	AC Maintenance Hanger - Cairns	5,670
30303	AC Maintenance Hanger - Cairns	24,436
30304	AC Maintenance Hanger - Cairns	4,000
30306	AC Parts Storage - Cairns	1,000
30308	Storage Shed General Purpose - Cairns	64
40105	Storage General Purpose - Lowe	120

SECTION J
ATTACHMENT 10

PIIN/SINN: DAAH23-03-C-0345
MOD/AMD

Page 2 of 2

GOVERNMENT FURNISHED PROPERTY - FACILITIES

FACILITY NO.	DESCRIPTION - FIELD	TOTAL AREA
40106	Navy Building, Air - Lowe	36
40108	Storage Shed General Purpose - Lowe	120
40113	AC Maintenance Hanger - Lowe	25,058
40114	AC Comp Maintenance-Avionics & Supply - Lowe	2,000
40115	AC Parts Storage - Lowe	3,452
40116	Flam Material Storage - Lowe	120
40117	AC Maintenance Hanger - Lowe	35,392
40119	Storage Shed-Paint - Lowe	140
40120	AC Maintenance Hanger - Lowe	34,220
40128	Maintenance-Vehicle & Ground Equip Shop - Lowe	1,000
40135	AC Paint Shop - Lowe	7,273
40137	Storage Shed Gen Purpose - Lowe	5,000
40139	AC Plastic Media Stripping - Lowe	3,200
40146	Flam Material Storage - Lowe	200
40152	Flam Material Storage - Lowe	120
40188	Admin General Purpose-by Washrack - Lowe	480
5004T	Admin General Purpose-Trailer - Hanchey	840
5005T	Admin General Purpose-Trailer - Hanchey	840
5006T	Admin General Purpose-Trailer - Hanchey	1,440
50130	Hanger Shop Space-Avionics - Hanchey	7,500
50132	Storage Shed General Purpose - Hanchey	288
50201	AC Maintenance Hanger - Hanchey	35,213
50202	AC Maintenance Hanger - Hanchey	15,607
50203	AC Parts Storage - Hanchey	14,400
50204	AC Maintenance Hanger - Hanchey	15,164
50205	Flam Material Storage - Hanchey	925
50207	AC Maintenance Hanger - Hanchey	14,500
50208	AC Comp Maintenance-Supply/Armament Repair	15,638
50209	AC Maintenance Hanger - Hanchey	18,585
50210	Flam Material Storage - Hanchey	232
50211	Storage General Purpose-Motor Pool/Eng Shop	2,530
60104	AC Maintenance Bay - Shell Field	8,471
60105	AC Maintenance Bay - Shell Field	8,471
60106	POL Storage - Shell Field	120
60110	Avionics/Flight Line (right side only)- Shell	1,620
60113	QC/PC/Test Flight/Records - Shell	4,000
60118	Motor Pool/Sheet Metal - Shell	4,000
60126	Supply/Storage - Shell	4,000
L2840	Admin General Purpose-Data Processing - Daleville	5,000

SECTION J
ATTACHMENT 11

PIN/SINN: DAAH23-03-C-0345
MOD/AMD _____

Page 1 of 4

GSA VEHICLE DENSITY LISTING

Listed below are the vehicles provided by GSA. A joint inventory will be made on the contract clause "Continuity of Services" during the Phase-In-Phase-Out (PIPO)

GSA #	TMP #	Year	Model
G12-13221	D001	1999	BREEZE
G32-00969	D200	2001	TCFE2409
G41-33045	D027	1997	ASTRO
G41-33048	D048	1997	S10
G41-33049	D049	1997	S10
G41-33050	D045	1997	S10
G41-33051	D051	1997	S10
G41-33052	D012	1997	S10
G41-33053	D053	1997	S10
G41-33054	D054	1997	S10
G41-33055	D035	1997	S10
G41-33056	D005	1997	S10
G41-33057	D057	1997	S10
G41-33058	D038	1997	S10
G41-34376	D041	1997	S10
G41-34377	D043	1997	S10
G41-34383	D026	1997	F150
G41-34384	D029	1997	F150
G41-34388	D055	1997	F150
G41-34395	D036	1997	AEROSTAR
G41-36919	D042	1998	S10
G41-42914	D021	1999	WINDSTAR
G41-42938	D056	1999	RAM 1500
G41-42945	D006	1999	CARAVAN
G41-42971	D050	1999	RAM 1500
G41-42972	D022	1999	RAM 1500
G41-42976	D024	1999	RAM 1500
G41-42978	D028	1999	CARAVAN
G41-43001	D030	1999	CARAVAN
G41-43002	D034	1999	CARAVAN
G41-43023	D032	1999	RANGER
G41-43024	D014	1999	RANGER
G41-43025	D011	1999	RANGER
G41-43026	D037	1999	RANGER
G41-43027	D033	1999	RANGER
G41-43030	D052	1999	RANGER
G41-43031	D059	1999	RANGER
G41-43034	D003	1999	RANGER
G41-43035	D004	1999	RANGER
G41-43037	D010	1999	RANGER
G41-43038	D015	1999	RANGER
G41-43039	D002	1999	RANGER
G41-43042	D031	1999	RANGER

SECTION J
ATTACHMENT 11PIN/SINN: DAAH23-03-C-0345
MOD/AMD

Page 2 of 4

GSA VEHICLE DENSITY LISTING

GSA #	TMP #	Year	Model
G41-43046	D017	1999	RANGER
G41-43047	D008	1999	RANGER
G41-43049	D020	1999	RANGER
G41-43050	D023	1999	RANGER
G41-43051	D061	1999	RANGER
G41-43052	D044	1999	RANGER
G41-43053	D063	1999	RANGER
G41-49389	D013	2000	S10
G41-49394	D046	2001	RAM 1500
G41-49395	D040	2001	RAM 1500
G41-49396	D166	2001	RAM 1500
G41-49403	D161	2001	RAM 1500
G41-49406	D128	2001	RAM1500
G41-49441	D163	2001	RAM1500
G41-49442	D160	2001	RAM1500
G41-49443	D168	2001	RAM 1500
G41-49444	D165	2001	RAM 1500
G41-49445	D064	2001	RAM 1500
G41-57057	D007	2001	S10
G41-57087	D065	2001	WINSTAR
G41-65066	D009	2002	S10
G41-65069	D025	2002	S10
G41-65074	D019	2002	S10
G42-39802	D111	2000	B2500
G42-39803	D067	2000	B2500
G42-43730	D114	2001	1500
G42-43731	D127	2001	1500
G42-43734	D102	2001	1500
G42-43737	D066	2001	RAM1500
G42-45174	D093	2001	1500
G42-45177	D133	2001	RAM1500
G42-45198	D099	2001	1500
G42-48441	D081	2002	RAM1500
G42-48462	D158	2002	C1500
G42-48466	D159	2002	C1500
G42-80642	D164	1997	E150
G42-80647	D110	1997	E150
G43-05263	D090	1999	RAM 2500
G43-05264	D092	1999	RAM 2500
G43-05268	D074	1999	2500
G43-05284	D079	1999	RAM 2500
G43-05487	D094	1999	P30
G43-05495	D108	1999	2500
G43-09206	D072	2000	3500
G43-09210	D112	2000	3500
G43-09221	D095	2000	P30

SECTION J
ATTACHMENT 11PIN/SINN: DAAH23-03-C-0345
MOD/AMD

Page 3 of 4

GSA VEHICLE DENSITY LISTING

GSA #	TMP #	Year	Model
G43-14161	D097	2001	RAM 2500
G43-14166	D073	2001	F350
G43-20543	D087	2002	E350
G43-63168	D096	1997	C3500
G43-67534	D107	1997	P30
G43-67569	D071	1997	F250
G43-67570	D076	1997	F250
G43-67571	D077	1997	F250
G43-67572	D078	1997	F250
G43-67573	D080	1997	F250
G43-67574	D070	1997	F250
G43-67575	D075	1997	F250
G43-67576	D082	1997	F250
G43-67577	D083	1997	F250
G43-67578	D068	1997	F250
G43-67580	D069	1997	F250
G43-67582	D085	1997	P30
G43-67585	D084	1997	P30
G43-67586	D088	1997	P30
G43-67587	D089	1997	P30
G61-04860	D134	1999	CHEROKEE
G61-08952	D126	2001	CHEROKEE
G61-34843	D125	1997	CHEROKEE
G62-05084	D129	1999	RAM 1500
G62-26956	D124	1996	BRONCO
G62-29570	D091	1997	F250
G63-07360	D113	2001	F350
G63-11633	D105	2002	K3500
G63-28089	D104	1997	C3500
G63-28091	D103	1997	C3500
G63-28092	D106	1997	C3500
G63-28093	D109	1997	C3500
G63-28095	D101	1997	C3500
G63-28096	D098	1997	C3500
G63-30151	D100	1997	F350
G71-00018	D119	1998	F-800
G71-00021	D121	1998	F-800
G71-00023	D120	1998	F-800
G71-00026	D122	1998	F-800
G71-00027	D116	1998	F-800
G71-00028	D115	1998	F-800
G71-00552	D130	2000	C6500
G71-01215	D177	2001	S&P
G71-01824	D178	2003	4200 S & P
G71-17367	D117	1998	F-800
G71-17368	D176	1998	F-800

SECTION J
ATTACHMENT 11

PIN/SINN: DAAH23-03-C-0345

MOD/AMD

Page 4 of 4

GSA VEHICLE DENSITY LISTING

GSA #	TMP #	Year	Model
G71-17369	D118	1998	F-800
G71-17376	D170	1998	F-800
G71-17743	D123	2002	4700
G82-00050	D132	1992	F900 T/T
G82-01986	D400	1990	7100 4X2
G90-01420	D131	1991	WRECKER
G91-04543	D406	1994	28'F/BED S&P

SECTION J
ATTACHMENT 14PINNEN: DAH23-03-C-0345
MOD/AMD

Page 1 of 36

ATTC
GOVERNMENT FURNISHED PROPERTY LISTING

BAR CODE	SERIAL NUMBER	NOMENCLATURE	COST
00057	J2874	Display Station 3278-002 w/keyboard (BC:05008)	2,960.00
00090	58063	Printer Type 3287-001	6,015.00
00100	H3453	Display Station w/keyboard-mdl 3278-002	2,960.00
00110	C7533	Display Station w/keyboard-mdl 3279-03X	2,574.00
00121	00121	Board Magnetic Charge A Board	100.00
00169	G-20809	Multimeter Dig AMP/PSM-45	145.00
00179	43662	Printer Type 3287-002	6,015.00
00185	C9074	Printer IBM 3287-002	6,015.00
00187	C9073	Printer 3287M002	6,015.00
00188	C7534	Display Station 3279-03X	2,574.00
00190	S1381	Display Station 3278-002	2,960.00
00191	G6651	Printer 3287-C02	5,924.74
00501	48M72	Display Station 3278-005	2,967.00
00502	J2873	Display Station 3278-002 w/keyboard (BC:03940)	2,960.00
00506	48M74	Display Station 3278-005	2,967.00
00508	54500	Control Unit, Mdl 3276-002	6,207.00
00510	43663	Display Station w/keyboard-mdl 3278-002	6,015.00
00514	14916	Printer Typ Mdl 6	40,885.00
00517	48M73	Display Station 3278-005	2,967.00
00518	C7535	Display Station 3279-034	2,374.00
00519	B013724	Monitor Storage Display Mdl Tektronix 618	10,850.00
00523	B178791	Terminal Hard Copy Unit	4,495.00
00600	1380	Display Station 3278-002	2,960.00
00601	58063	Printer, Type 3287-001	6,015.00
00602	J2869	Display Station 3278-002	2,960.00
00675	23331	Radio Set AN/PRC-90	517.31
00676	14066	Radio Set AN/PRC-90	517.31
00683	14501	Radio Set AN/PRC-90	517.31
00710	D2396	Dual Diskette (comp of 00711)	
00711	D3876	Display Station 6580-A04	11,824.00
00714	B9214	Printer 5218-A04	2,000.00
00715	270U9	Display Station 3278-005	2,967.00
00723	0045336	Computer 3270 PC Mdl 5271-006	10,842.00
00724	37937	Keyboard for 3270 PC	200.00
00725	D7364	Printer 5218-A04	2,000.00
00726	34704	Monitor Color Display MDL 5272-001	300.00
00731	37945	Keyboard, PC	200.00
00732	32178	Monitor, Color Display	300.00
00733	D7368	Printer 5218-A04	2,576.00
00734	0045337	Computer, Mdl 5271-006	10,842.00
00736	29717	Color Display Mdl 5272-0001	300.00
00825	00825	Chair Typist Airlift, Beige	371.00
00827	00827	Chair Airlift Beige	371.00
00855	408034	Calculator, Canon Elec	232.97
00857	420274	Calculator, Canon Elec	232.97
00915	A890919	Stud Driver	465.00
00997	00997	Chair Airlift	371.00
01000	01000	Chair	145.00

SECTION J
ATTACHMENT 14PIN/SIN: DAAH23-03-C-0345
MOD/AMB

Page 2 of 36

ATTN
GOVERNMENT FURNISHED PROPERTY LISTING

As of 3/1/03 BAR CODE	SERIAL NUMBER	NOMENCLATURE	COST
01484	0927	Power Supply 40-25	800.00
01522	WTC1257575	Tricycle Transporter	515.50
01819	000124	Control Unit 3274-C61	4,981.00
01820	000126	Control Unit 3274-C61	4,981.00
01984	01984	Cabinet, Terminal/PC Workstation	833.00
01985	61736	Printer Pacemaker 2410	2,018.00
01990	01990	Keyboard, Zenith	150.00
01992	01992	Keyboard, Zenith	150.00
01993	XXX00964	Suma Graphics	200.00
01995	113783	Printer Okidata 93	320.00
02000	06106A4717	Computer Exec Sel	2,300.00
02101	02388	Diskette Dual 6360-22	200.00
02108	58062	Printer 3287-001	6,015.00
02109	02109	Keyboard (comp of 00602)	
02114	02114	SheetFeeder 7870 (comp of 00711)	
02121	02121	Keyboard/Operator Console	100.00
02125	0051051	Computer System 3270	9,142.00
02126	46668	Dual Diskette 6360-22 (comp of 02127)	
02127	E4725	Display Station 6580-A10	13,012.00
02128	02128	Keyboard (comp of 02127)	
02129	E2647*	SheetFeeder 7870	576.00
02130	E2647	Printer 5218-A04	2,000.00
02131	02131	Keyboard (comp of 00188)	
02132	40970	Keyboard for 3270 PC (comp of 02128)	
02133	30813	Color Display, Mdl 5272-0001	1,000.00
02134	02134	SheetFeeder 7870 (comp of 02133)	
02135	D7365	Printer 5218-A01	2,000.00
02136	02136	Keyboard (comp of 00501)	
02140	27005	Display Station 3278-005	2,767.00
02141	004120	Controller 3725	76,798.00
02142	00A4896	Console 3727-700	2,174.00
02151	34019	Diskette Dual 6360-22	200.00
02176	0045363	Computer System 3270	10,242.00
02194	E6442	Diskette Dual 6360-22	360.00
02196	1051804	SheetFeeder 7870	100.00
02197	31651	Printer 5218-A02	2,000.00
02235	02235	Table, Computer, Pully, Adjustable 60"	380.00
02253	02253	Terminal Workstation 48" adjustable Pully	420.00
02256	02256	Table Terminal Workstation Split Level	557.25
02257	02257	Side Extension (comp of 02256)	
02260	02260	Terminal Workstation 48" adjustable Pully	420.00
02262	02262	Terminal Stand split-Level	370.00
02263	02263	Side Extension	120.00
02285	85525	Engraveograph ITF-V	2,817.60
02286	00008989	Beveler B-4 (comp of 02285)	
02287	100595	Saw Safety (comp of 02286)	
02319	02319	Radio Console w/Microphone M-80 (SN: 05828)	3,004.30
02354	1231649	Safe APP Sec Container	770.00

SECTION J
ATTACHMENT 14PIN/SINN: BAAH21-01-C-0345
MOI/AMD

Page 3 of 36

ATTC
GOVERNMENT FURNISHED PROPERTY LISTING

As of 3/1/03	BAR CODE	SERIAL NUMBER	NOMENCLATURE	COST
	02418 (comp)	20198	RM Cont UT VID VS200F	100.00
	02419 (comp)	10262	Cont BX Vid AV VS100G	100.00
	02585	02585	Board Mark & Wipe 4x6	230.50
	02630	02630	Magnetic 5-Yr Planning Calendar	673.50
	02650	02650	Cover Printer Acoustic Mdl 287	311.92
	02979	02979	Table Walnut corner Step 30"x30"x24"	36.75
	03011	03011	Dispenser, 115V/60H, 9.5G PH	242.99
	03019	03019	Table End Step	45.00
	03403	01580	Power Sup PP-4606(J)G	1,988.00
	03510	03510	MAG plan calendar	322.96
	03553	30150	Foster Night Head gear	1,490.20
	03556	0418*	Test Set Battery TS-2530A	452.58
	03590	14612	Transmitting Set Radio, AN/GRT-22	2,200.00
	03591	12121	Receiver Radio, AN/GRR-24	8,000.00
	03592	16436	Transmitting Set Radio, AN/GRT-21	2,000.00
	03594	14422	Receiver Radio, AN/GRR-23	8,000.00
	03628	3882H	Paper, Shredder Machine	751.00
	03648	298	Test Set Radio, AN/PRM-32	290.00
	03712	2455202	Multimeter Dgtl Mdl# 8010A	289.00
	03713	03713	Test MOB	125.00
	03857	03857	Keyboard IBM (comp of 00190)	
	03940	03940	Keyboard (comp of 00502)	
	04262	848	Power Sup PP-4606(J)G	600.00
	04297	10A8	Multimeter Digital	79.95
	04302	2830	Air Purifier Desktop	127.96
	04427	A-EC5104	AMMETER VOLT-OHM	140.50
	04656	04656	Refrigerator, Left-hand	150.00
	04695	6761	Air Purifier Desktop	127.96
	04696	6762	Air Purifier Desktop	127.96
	04723	SVRPS-521	STLR Van STOR M750(C)	32,952.00
	04724	SVRPS-541	STLR Van STOR M750(C)	32,952.00
	05008	05008	Keyboard (comp of 00507)	
	05012	05012	Keyboard (comp of 00600)	
	05028	05028	SheetFeeder 7870 (comp of 00711)	
	05029	05029	Keyboard for 6580-A06 (comp of 00711)	
	05031	0192529	Expansion Unit PC-XT	1,358.00
	05039	0192527	Expansion Unit PC-XT	1,358.00
	05041	05041	SheetFeeder 7870 (comp of 00733)	
	05088	0192428	Expansion Unit PC-XT w/fixed disk	1,358.00
	05098	40380	Keyboard F3270	200.00
	05101	D7776	Dual Diskette 6360-22 (comp of 05102)	
	05102	E4721	Display Station 6580-A10	9,764.00
	05103	9381	Printer 6215-001 (comp of 05102)	
	05105	05105	Keyboard (comp of 05102)	
	05117	0192487	Expansion Unit PC-XT, w/Fixed Disk	1,358.00
	05123	B0442	Computer Compaq Portable w/dual disk drive	1,561.00
	05182	51BB	TS-3651/ALQ-138(V)1	203,603.00
	05185	34622	Color Display 5272-001	308.00

SECTION J
ATTACHMENT 14PIN/SIN: DAAH23-43-C-0345
MOD/AMD

Page 4 of 36

AIRC
GOVERNMENT FURNISHED PROPERTY LISTING

As of 3/1/03 BAR CODE	SERIAL NUMBER	NOMENCLATURE	COST
05187	0051091	Computer 3270	10,242.00
05232	7027	Scale Bench w/btry PK	481.00
05238	2659	Oven, Convection	798.93
05367	G6652	Printer 3287-CD2	5,724.74
05396	1290	Radio Set AN/PRC-90	517.31
05397	F6943	Radio Set AN/PRC-90	517.31
05399	F06596	Radio Set AN/PRC-90	517.31
05400	3356	Radio Set AN/PRC-90	517.31
05406	10740	Radio Set AN/PRC-90	517.31
05408	17106	Radio Set AN/PRC-90	517.31
05410	6114	Radio Set AN/PRC-90	517.31
05425	05425	Chair Airlift	371.00
05482	05482	Chair Airlift Brown	105.26
05483	05483	Chair Airlift Brown	105.26
05484	05484	Chair Airlift Brown	105.26
05485	05485	Chair Airlift Brown	105.26
05498	05498	Stand Terminal withdrawers 60"x30"	587.30
05608	92170	Monitor Color	200.00
05622	723AC0995	Computer, Micro	3,015.00
05623	05623	Keyboard Zenith	200.00
05632	7A6224697Y	Printer Dot Matrix	300.00
05633	05633	Keyboard Zenith	200.00
05637	7A6224692Y	Printer Dot Matrix	528.00
05642	723AC1001	Computer Micro Md1 62	3,015.00
05643	92170823	Monitor RGB Color	200.00
05645	05645	Keyboard	200.00
05646	723AC0963	Computer, Compaq	2,715.00
05647	7A6219618Y	Printer Dot Matrix	620.00
05655	2718J29865	Printer, Laserjet	2,458.90
05657	2718J29809	Printer, Laserjet	2,458.90
05661	2728A54731	Terminal HP150II	1,548.70
05662	2727A54602	Terminal HP150II	1,548.70
05674	2728A54735	Terminal HP150II	1,548.70
05685	2719S40556	Keyboard HP	200.00
05686	2719S40549	Keyboard HP	200.00
05702	2719S40567	Keyboard HP	200.00
05708	2719S40565	Keyboard HP	200.00
05745	0022	Test Set Elec Sys M91	600.00
05746	05746	Settee, Metal Frame	435.00
05747	05747	Settee, Metal Frame	435.00
05748	05748	Settee, Metal Frame	435.00
05749	05749	Settee, Metal Frame	435.00
05751	23-2618	RDO FM MT500 HNDITLKI	1,161.54
05752	23-2619	RDO FM MT500 HNDITLKI	1,161.54
05753	23-2620	RDO FM MT500 HNDITLKI	1,161.54
05816	2709-A28536	Power Meter 438A (comp to 05817)	
05817	2636A11447	Frequency Counter Micro	6,499.80
05818	2702A55772	Power Sensor HP8481A (Comp of 05816)	

SECTION J
ATTACHMENT 14PHN/SINN: DAHJ-03-C-0345
MOD/AMD

Page 3 of 30

ATTC
GOVERNMENT FURNISHED PROPERTY LISTING

As of 3/17/03			
BAR CODE	SERIAL NUMBER	NOMENCLATURE	COST
05828	05828	Radio Console W/Microphone M-80C/U	3,004.30
05844	05844	Cabinet, Terminal/PC Workstation	833.00
05848	05848	Cabinet, Terminal/PC Workstation	833.00
05848	05848	Cabinet, Terminal/PC Workstation	833.00
05901	05901	Cabinet, Terminal/PC Workstation	833.00
05904	05904	Table Computer, MDL 8267 (DeVoka)	840.00
05910	4435776	Mult (XGIT AN/PSM-45A)(C)	115.00
05968	49981	Multimeter DIG AN/PSM-45(C)	145.00
05971	2974	TEST STAND ELEC ACFT(C)	27,220.00
05973	3791	Balancing R/L PRPO (C)	8,160.00
05980	0532	Compr RCP P4R15GJ	11,501.00
05982	B0178	GEN ST HSW/THJHG V7	2,186.00
05984	B0072	GEN ST MEPO 16A(C)	1,491.00
05987	43255	Power Supply	1,988.00
05988	43254	Power Supply	1,988.00
05993	49794	TST STAND HYD(C)	16,728.00
05994	B0403	TEST STAND ACFT(C)	691,000.00
05997	10170020	TRK LF GAS HYS H150F(C)	37,414.00
06003	39946	GEN AN/URM-127(C)	188.70
06005	B8978	MNT KEE MK-1004/ARC(C)	1,233.00
06006	B8987	Multimer TS-585ABC/U(C)	158.46
06007	B0397	Multimer TS-585ABC/U(C)	158.46
06008	43421	Multimer TS-585ABC/U(C)	158.46
06009	42304	Disc AN/USM-28-1A(C)	1,420.00
06010	49985	Multimeter DIG AN/PSM-45(C)	145.00
06011	49982	Multimeter DIG AN/PSM-45(C)	145.00
06012	B0499	Resist Decad ZM-16/U(C)	51.01
06013	B8748	Resist Decad ZM-16/U(C)	51.01
06014	B0816	TST FAC KT MK-994/AR(C)	10,827.00
06015	8086	Test Sel Fuel TF20-1(C)	6,007.89
06016	38256	TST ST DIR AN/ARM-93(C)	2,230.00
06017	B8980	TST ST DIR AN/ARM-93(C)	2,230.00
06020	51519	TS Radar AN/TPM-25A(C)	27,000.00
06021	51526	TS Radar AN/TPM-25A(C)	27,000.00
06022	39599	TST ST AN/ARM-92B REC(C)	4,400.00
06023	39597	TST FAC KT MK-994/AR(C)	10,827.00
06026	38264	TST ST TR AN/APM-23BA(C)	21,530.00
06027	B8924	CHARGER BTY PP-1451/G	704.00
06028	49983	Multimeter DIG AN/PSM-45(C)	145.00
06029	49988	Multimeter DIG AN/PSM-45(C)	145.00
06030	49986	Multimeter DIG AN/PSM-45(C)	145.00
06032	B8096	TST ST AMP AN/ASM-121(C)	13,396.00
06033	8988	SM ACFT D AN/ASM-120(C)	5,274.00
06034	8954	SM AMP OP SM-335/ASM(C)	1,417.00
06035	8951	MT KE MK-731/ARC-51X(C)	9,592.00
06038	49984	Multimeter DIG AN/PSM-45(C)	145.00
06038	49989	Multimeter DIG AN/PSM-45(C)	145.00
06039	49990	Multimeter DIG AN/PSM-45(C)	145.00

SECTION J
ATTACHMENT 14PIN/SINN: DAAH23-03-C-0345
MOD/AMD

Page 6 of 36

ATTC
GOVERNMENT FURNISHED PROPERTY LISTING

As of 3/17/03 BAR CODE	SERIAL NUMBER	NOMENCLATURE	COST
06040	49991	Multimeter D&G AN/PSM-45(C)	145.00
06042	49993	Multimeter D&G AN/PSM-45(C)	145.00
06047	B8027	Shaper CTGHZTL(C)	44,871.00
06051	41075	SAW Band Metal Cut(C)	17,650.00
06052	B8024	Lathe ENG Floor MDT(C)	15,550.00
06053	43926	SAW Pwr Hack Horiz TY(C)	349.75
06071	PC903	Keyboard, Bohdan	200.00
06073	PC904	Keyboard	200.00
06074	B1820	Computer Desktop 386	8,118.00
06075	0192411	Expansion Unit PC-XT	1,358.00
06085	2743J99737	Printer, LaserJet	2,316.00
06089	06089	Chair, Straight W/cushions	211.04
06090	06090	Chair, Straight W/cushions	211.04
06091	06091	Settee, Metal Frame	435.00
06092	06092	Settee, Metal Frame	435.00
06101	06106A4712	Computer Exec Set	2,300.00
06127	43185	Public Address System(C)	200.00
06133	B3184	TEST STAND PM 7198-1(C)	27,270.00
06134	38265	TS TRANS AN/APM-305(C)	18,422.00
06135	B0013	TST TRANSP AN/APM-123(C)	7,681.00
06136	38266	TST TRANSP AN/APM-123(C)	7,681.00
06137	38605	TST ST AN/ARM-92H REC(C)	4,400.00
06138	39689	TST EL Pwr AN/UPM-93(C)	882.00
06142	95080402	Monitor RGB Color	300.00
06145	95080668	Monitor RGB Color	200.00
06156	812AE3243	Computer PC Zenith	1,628.00
06164	8A6410357Y	Printer Dot Matrix	250.00
06187	8A6411889Y	Printer Dot Matrix	528.00
06172	42047	Oscilloscope AN/USM(C)	2,326.97
06173	B0153	Oscill AN/USM-281A(C)	1,420.00
06174	49498	Multimeter AN/USM-486(C)	480.00
06175	49497	Multimeter AN/USM-486(C)	480.00
06183	06106A4715	Computer Exec Set	2,300.00
06182	B8401	Printer 6218-A01 (comp of 00711)	
06185	710016	Monitor Color Display	500.00
06243	2702A26241	Disk Drive 9153A	1,299.80
06246	2702A26236	Disk Drive 9153A	1,299.80
06247	2702A26231	Disk Drive 9153A	1,299.80
06250	2816S50018	Keyboard HP	200.00
06251	2816S50019	Keyboard HP	200.00
06253	2816S50008	Keyboard HP	200.00
06254	2810S40236	Keyboard HP	200.00
06257	2720Y06051	Terminal HP 150II	1,548.70
06259	2720Y06053	Terminal HP 150II	1,561.10
06261	2720Y06050	Terminal HP 150II	1,548.70
06271	11508363	Modem Stand Alone	110.60
06288	8370106	Filing cabinet w/drawers	2,228.78
06311	68190888	Cart, Electric E-2	4,252.00

SECTION J
ATTACHMENT 14PIN/SINN: DAAH11-03-C-0345
MOD/AMB

Page 7 of 36

ATTC
GOVERNMENT FURNISHED PROPERTY LISTING

As of 3/17/03			
BAR CODE	SERIAL NUMBER	NOMENCLATURE	COST
06332	502-00381	PN Modulator HP8734B(C)	1,754.00
06339	USA45562	Aiming Circle M2A2(C)	1,797.00
06340	USA-1246	SIM TEMP&SPEED@	4,803.00
06341	USA42248	TST Set Instrument(C)	29,838.00
06342	USAB0645	TST Synchro FTU-231E(C)	5,308.00
06343	USA41241	TST Set Instrument(C)	10,303.00
06365	83A	TST Audio TS-1588/MAI(C)	1,258.00
06374	06374	Cabinet slg 12 DRW	753.12
06379	06379	Cabinet Storage 9-dwr 30x57 MDL SEP3156	621.77
06381	06381	Cabinet slg 3 Drw	100.00
06386	1024	Signal Selector (comp of 07418)	
06432	23-2616	RDO FM MT500 HNDITLK	1,181.54
06433	06433	CHRG R SNGL (comp of RDO FR MT500)	
06434	23-2617	RDO FM MT500 HNDITLK	1,181.54
06435	06435	CHRG R SNGL (comp of RDO FR MT500)	
06436	06436	CHRG R SNGL (comp of RDO FR MT500)	
06437	06437	CHRG R SNGL (comp of RDO FR MT500)	
06438	06438	CHRG R SNGL (comp of RDO FR MT500)	
06438	23-2621	RDO FM MT500 HNDITLK	1,181.54
06440	06440	CHRG R SNGL (comp of RDO FR MT500)	
06456	3400153587	Modem	100.00
06459	20F1017887	Monitor WY-530-02	200.00
06488	12798	Control Unit ASC II	12,285.00
06502	9371081202	Computer Laphel Micro	1,524.00
06521	65750588	Truck 40Wx96L IN MAX	3,707.85
06524	39AC077717	Computer Advanced ZWX	2,084.00
06530	39AC077021	Computer Advanced ZWX	2,084.00
06535	9626727	Keyboard,Zenith	200.00
06542	8A6464971Y	Printer Dot Matrix	528.00
06545	8A6465024Y	Printer Dot Matrix	528.00
06559	8A6464972Y	Printer, ALPS	528.00
06561	9626728	Keyboard,Zenith	200.00
06628	06106A4748	Computer Exec Set	2,300.00
06634	0058837	DISK DRIVE FLOPPY	157.00
06692	06692	Cabinet,Terminal/PC Workstation	833.00
06732	109088	Speech Security EQ	1,929.81
06733	10429	Tape Reader GP	161.00
06734	10430	Tape Reader GP	161.00
06735	23524	Tape Reader GP	161.00
06736	31406	Tape Reader GP	161.00
06737	42635	Elec. Transfer Keying	235.45
06738	42636	Elec. Transfer Keying	235.45
06739	42637	Elec. Transfer Keying	235.45
06740	98658	Elec. Transfer Keying	235.45
06741	D05269	Interface Adapter	852.08
06742	24339	Speech Security EQ	2,820.37
06743	24340	Speech Security EQ	2,820.37
06744	24341	Speech Security EQ	2,820.37

SECTION J
ATTACHMENT 14PIN/SINN: DAAH23-03-C-0345
MOD/AMD

Page 8 of 36

ATTC
GOVERNMENT FURNISHED PROPERTY LISTING

As of 3/17/03	BAR CODE	SERIAL NUMBER	NOMENCLATURE	COST
	06745	24342	Speech Security EQ	2,820.37
	06746	24343	Speech Security EQ	2,820.37
	06747	24344	Speech Security EQ	2,820.37
	06748	24345	Speech Security EQ	2,820.37
	06749	24346	Speech Security EQ	2,820.37
	06750	24347	Speech Security EQ	2,820.37
	06751	24348	Speech Security EQ	2,820.37
	06752	E01857	Interface Adapter	852.08
	06753	D05270	Interface Adapter	852.08
	06754	D05260	Interface Adapter	852.08
	06756	D05267	Interface Adapter	852.08
	06757	D05268	Interface Adapter	852.08
	06758	D05276	Interface Adapter	852.08
	06759	D05253	Interface Adapter	852.08
	06760	D05255	Interface Adapter	852.08
	06761	D05257	Interface Adapter	852.08
	06762	D05328	Remote Control Unit	579.67
	06763	D05368	Remote Control Unit	579.67
	06764	D05414	Remote Control Unit	579.67
	06765	D05404	Remote Control Unit	579.67
	06766	D05431	Remote Control Unit	579.67
	06767	D05301	Remote Control Unit	579.67
	06768	D05401	Remote Control Unit	579.67
	06769	D05312	Remote Control Unit	579.67
	06770	D05265	Remote Control Unit	579.67
	06771	D05429	Remote Control Unit	579.67
	06832	0080A	MNT K KM-1035/ARC-131(C)	4,180.00
	06850	20016	Record VDO V-1000AH-F	2,000.00
	06851 (comp)	20030	RM Contr UT VID VS200F	100.00
	06891	1826A16641	Power Motor ME-441/U(C)	117.75
	06907	SVRPS-540	STLR Van STOR M750(C)	32,952.00
	06913	28989	COMPR RCP HGRS-9M1(C)	3,805.00
	06915	B8552	Stand Main ACFT Pwr(C)	54,338.00
	06921	2002	Shrinkng Stretch Mach(C)	5,885.00
	06922	41010	Shrinkng Stretch Mach(C)	5,865.00
	06924	0475	PNCHG MACH MTL HDTUR(C)	1,324.00
	06928	42292	Tester AN/USM207A	2,610.71
	06930	49597	Platform	2,060.00
	06931	45598	Platform	2,060.00
	06973	2706S40922	Keyboard HP	200.00
	06979	90902026	Monitor Color	200.00
	06996	ENI89071	Test Set Elec Sys M92	3,669.00
	07012	36AJ077856	Computer, Advanced	1,497.00
	07051	07051	Keyboard Zenith	200.00
	07068	36AJ077846	Computer, Advanced	1,497.00
	07069	07069	Keyboard Zenith	200.00
	07089	0371416813	Computer, Lapheld	1,524.00
	07095	0371348813	Computer, Lapheld MICRO	1,511.00

SECTION J
ATTACHMENT 14PHN/SINN: DAAH33-03-C-0345
MOD/AMD

Page 9 of 36

ATTC
GOVERNMENT FURNISHED PROPERTY LISTING

As of 3/17/05 BAR CODE	SERIAL NUMBER	NOMENCLATURE	COST
07155	07155	Cabinet Multimedia 84	511.86
07156	07156	Cabinet Multimedia 84	511.86
07157	07157	Cabinet Multimedia 84	511.86
07195	9A6448492Y	Printer Dot Matrix	528.00
07199	9A6448477Y	Printer Dot Matrix	528.00
07200	9A6448480Y	Printer Dot Matrix	528.00
07205	9A6448487Y	Printer Dot Matrix	528.00
07207	B2005	Compressor Unit RCP, AIR PR	1,034.00
07208	USA#41580	GEN SIG SG-1144N(C)	4,734.00
07209	B8995	MNT KIT MK-733/ARC-54(C)	4,629.00
07210	USA41252	TST Analyzer(C)	15,007.00
07211	USA#41251	Test Set TS-3920/ASM(C)	27,571.00
07239	105973	Radio Set AN/PRC-90	517.31
07240	15875	Radio Set AN/PRC-90	517.31
07241	9649	Radio Set AN/PRC-90	517.31
07242	F6388	Radio Set AN/PRC-90	517.31
07244	9614608	Keyboard Zenith	200.00
07245	937NN2104	Monitor	600.00
07249	2311543	Keyboard F/3270	200.00
07303	44311	Trailer ACFT Main(C)	1,748.00
07312	00182175F	Monitor Color Unisys	200.00
07315	00182138F	Monitor Color Unisys	200.00
07332	00181827F	Monitor Color Unisys	200.00
07333	A626945	Computer PC Unisys	2,152.00
07334	3554821	Keyboard, Unisys	200.00
07335	00182041F	Monitor, Color Unisys	200.00
07341	00181922F	Monitor, Color	200.00
07366	A629019	Computer, PC	2,162.00
07367	3555849	Keyboard	200.00
07368	00182228F	Monitor, Color	200.00
07390	48657	Power Supply	1,988.00
07394	83-380A014	Power Unit Aux, Aviation	250,000.00
07411	911001704	Monitor 19" Color	7,890.00
07417	1009	Test Set Fire ConSub(C)	24,946.00
07418	1140	Analyzer Balnor Sys	32,719.62
07419	1336	Analyzer Balnor Sys (comp of 07418)	
07420	1449	Starbox Mod 135M12 (comp of 07418)	
07421	1303	Printer ModW B510-1 (comp of 07418)	
07426	01606A4695	Computer Exnc Sets	2,300.00
07434	07434	Workstation, Double	8,678.00
07435	07435	Workstation, Single	4,931.00
07436	07436	Workstation, Single	4,931.00
07437	07437	Workstation Double	10,043.00
07438	07438	Workstation Single	5,840.00
07439	07439	Workstation, Single	4,931.00
07440	07440	Workstation, Single	4,931.00
07441	07441	Workstation, Single	5,370.00
07442	07442	Table, Rectangular	612.00

SECTION J
ATTACHMENT 14PIN/SINN: DAAH23-03-C-0345
AFOD/AMD

Page 10 of 36

ATTC
GOVERNMENT FURNISHED PROPERTY LISTING

As of 3/17/03	BAR CODE	SERIAL NUMBER	NOMENCLATURE	COST
	07443	07443	Table, Rectangular	612.00
	07444	07444	Workstation, Single	4,931.00
	07445	07445	Workstation, Single	4,931.00
	07446	07446	Workstation, Single	4,931.00
	07447	07447	Workstation, Single	5,370.00
	07448	07448	Workstation, Single	4,931.00
	07449	07449	Workstation, single	4,931.00
	07450	07450	Workstation, Double	10,043.00
	07452	07452	Workstation, single	4,451.00
	07453	07453	Workstation, single	4,931.00
	07454	07454	Workstation, single	4,931.00
	07455	07455	Workstation, single	4,931.00
	07456	07456	Workstation Single	4,931.00
	07457	07457	Workstation Single	4,931.00
	07458	07458	Chair Airlift	371.00
	07465	348639469	Printer Unisys	454.00
	07466	348538392	Printer Unisys	454.00
	07471	348590753	Printer Unisys AP1329	454.00
	07477	017261	Printer Unisys Model 37	2,050.00
	07499	LA01901734	Refrigerator, Household	316.96
	07553	07553	Bookcase 84" x 30"	1,300.00
	07554	07554	Bookcase 84" x 30"	1,300.00
	07555	07555	Table, Rectangular	612.00
	07556	07556	Table, Rectangular	410.00
	07557	07557	Cleaner Vacuum	291.44
	07558	1083374	Modem, Smart, Mod 2400	337.00
	07592	07592	Dispenser Water 115V	619.80
	07593	32080024	Monitor, Digital Sys	200.00
	07594	07594	Board Letter W/Stand	430.10
	07749	33310913	Oven 120V 60HZ	349.00
	07766	B4100	Balancing Kit PROP (C)	8,180.00
	07771	9008037933	Oven Microwave Radar	173.88
	07889	170	MNT ACS K MK-11B2/ARM(C)	5,737.00
	07894	RD801075	Reling 120V 50/60HZ	326.51
	07908	397	TRAILER ACFT MAINT	1,748.00
	07924	3191001225	Facsimile Machine Digital	1,373.00
	08125	08125	Workstation Single	3,198.65
	08129	08129	Workstation Single	3,198.65
	08130	08130	Desk Double Pedestal 72"	640.80
	08131	08131	Credenza 72"	1,065.60
	08132	08132	Storage Unit, Vertical	318.80
	08135	08135	Cabinet ADP 22x18x79	306.00
	08136	08136	Table Executive	576.00
	08139	08139	Workstation Single	2,338.70
	08140	08140	Table Laminate	410.40
	08141	08141	Workstation Single	3,175.90
	08146	150-0228	Filing Cab Security	1,264.00
	08225	08225	Light Desk fluorescent	340.00

SECTION J
ATTACHMENT 14PIN/SINN: DAAH23-43-C-45
MOD/AMD

Page 11 of 36

ATTC
GOVERNMENT FURNISHED PROPERTY LISTING

As of 3/17/03 BAR CODE	SERIAL NUMBER	NOMENCLATURE	COST
08226	08226	Scale beam & dial PTB	364.25
08227	08227	Table drawing w/ stool	228.36
08229	08229	Truck, HAND	206.91
08235	8708036943	Oven 120V, 80 HZ	566.17
08278	08278	Table, Rectangular	410.00
08279	08279	Table, Rectangular	410.00
08280	08280	Table, Rectangular	410.00
08282	1B-05611	Arasat, Television	533.80
08283	W10228	Machine, Wing & Mault	2,830.00
08284	4860-01D	Exposure Unit, 3M	427.00
08286	0112	Bicycle, Heavy-duty	561.66
08303	08303	Workstation Single	3,135.85
08313	08313	Workstation Single	3,287.60
08314	08314	Workstation Double	5,994.24
08315	08315	Workstation Single	3,212.80
08316	08316	Workstation Single	3,212.80
08317	08317	Storage Unit, Vertical	316.80
08318	08318	Workstation Double	6,282.24
08320	08320	Workstation Single	3,212.80
08321	08321	Workstation Single	3,235.84
08322	08322	Workstation Single	3,235.84
08323	08323	Workstation Double	6,007.04
08324	08324	Workstation Single	3,090.24
08325	08325	Workstation Quad	10,801.92
08326	08326	Workstation Single	2,892.64
08328	08328	Storage Unit, Vertical	316.80
08329	08329	Storage Unit, Vertical	316.80
08330	08330	Storage Unit, Vertical	316.80
08331	08331	Storage Unit, Vertical	316.80
08335	B196528	Oscilloscope Logic AN	15,800.00
08336	B011138	Camera Oscilloscope (comp of 08335)	
08337	B161705	Amplifier Dual Channel (comp of 08335)	
08338	B024017	Analyzer & Display (comp of 08335)	
08339	B160412	Amplifier Dual Channel (comp of 08335)	
08340	B237095	Dual Time Base 7B53A (comp of 08335)	
08341	08341	Adapter Camera (comp of 08335)	
08342	08342	Cart Oscilloscope (comp of 08335)	
08343	08343	Case Camera (comp of 08335)	
08344	3965184	Multimeter Mid Z7	230.00
08345	11-40689	Generator Set Portable	450.00
08347	151100050	Monitor 15" B&W w/Aud	927.00
08348	989	Generator Time Code	5,250.00
08349	E6TC00130	Recorder Reproducer	1,516.20
08350	B101273	Dual Time Base 7B53A (comp of 08335)	
08351	1689	Generator Time Code	3,382.00
08352	1689	Generator Time Code	3,382.00
08353	1700	Generator Time Code	3,382.00
08354	1719	Generator Time Code	3,382.00

SECTION J
ATTACHMENT 14PIN/SINN: DAH423-03-C-0345
MOD/AMD

Page 12 of 36

ATTC
GOVERNMENT FURNISHED PROPERTY LISTING

As of 3/17/03	BAR CODE	SERIAL NUMBER	NOMENCLATURE	COST
	08355	889	Inserter Airborne VID	4,026.75
	08356	890	Inserter Airborne VID	4,026.75
	08357	888	Inserter Airborne VID	4,026.75
	08358	870	Inserter Airborne VID	4,026.75
	08359	309105	Monitor Video 28VDC	226.25
	08360	289414	Monitor Video 28VDC	226.25
	08361	309107	Monitor Video 28VDC	226.25
	08362	309104	Monitor Video 28VDC	226.25
	08363	M3	Mount Assembly	535.80
	08364	M10	Mount Assembly	535.80
	08365	M4	Mount Assembly	535.80
	08366	M8	Mount Assembly	535.80
	08367	A94848	Power Supply DC	591.00
	08368	B001310	Camera Video closed C	318.00
	08369	B001393	Camera Video closed C	318.00
	08370	B001323	Camera Video closed C	318.00
	08371	B001350	Camera Video closed C	318.00
	08372	6910105	Recorder Video Cassette	12,610.00
	08373	69244	Recorder Video Airborne	12,600.00
	08374	692006	Recorder Video Cassette	12,610.00
	08375	692005	Recorder Video Cassette	12,610.00
	08376	6950	Recorder Video Airborne	12,600.00
	08377	222	CMRA Sys w/Periscope	11,990.00
	08378	242	Control Unit (comp of 08377)	
	08379	20658	Recorder VTR	18,400.00
	08380	20210	Remote Control (comp of 08379)	
	08381	10296	Control Box (comp of 08379)	
	08382	131	Transducer Airspeed I	1,400.00
	08383	49	Converter Power FREQU	9,652.00
	08384	4927-037	Test Set T AN/APM-424(V)	15,365.00
	08397	262	Display Remote	300.00
	08398	259	Display Remote	300.00
	08399	1002	Generator Time Code	5,250.00
	08400	08400	Soldering Station TMP	118.75
	08401	08401	Soldering Station TMP	118.75
	08405	08405	Test Kit Bal Trig	6,852.00
	08406	08406	Test Kit Bal Frig	6,852.00
	08432	E0015	TST Set Bench ADVFL (C)	1,283.15
	08433	30347	Tape Reader GP	161.00
	08436	80589	Elec Transfer Keying	235.45
	08437	85850	Elec Transfer Keying	235.45
	08463	387581101	Printer Dot Matrix UN	371.00
	08475	387581218	Printer Dot Matrix Unisys	371.00
	08499	387611379	Printer Dot Matrix	371.00
	08504	387581192	Printer Dot Matrix Unisys	371.00
	08527	39543574	Computer, PC Unisys	1,296.00
	08528	000373945	Monitor, 14" Color	500.00
	08529	0024418	Keyboard Unisys	200.00

SECTION J
ATTACHMENT 14PTNSINN: DAAH23-03-C-0346
MOD/AMD

Page 13 of 36

ATTC
GOVERNMENT FURNISHED PROPERTY LISTING

As of 3/17/03 BAR CODE	SERIAL NUMBER	NOMENCLATURE	COST
08531	395943590	Computer, PC Unisys	1,296.00
08532	00041036B	Monitor, 14" Color	500.00
08537	0000747	Keyboard Unisys	200.00
08538	387581184	Printer Dot Matrix	371.00
08545	0000058	Keyboard, Unisys	200.00
08556	395916794	Computer PC Unisys	1,796.00
08557	00037005B	Monitor, Color 14" w/ Tilt	500.00
08574	0000059	Keyboard Unisys	100.00
08585	00035327B	Monitor, 14" Color	500.00
08586	395916582	Computer, PC Unisys	1,896.00
08588	387612104	Printer Dot Matrix UN	371.00
08600	38712237	Printer Dot Matrix	371.00
08623	2198B	Test Set Radio Frequency	1,601.00
08690	387489867	Printer Dot Matrix	371.00
08763	AN0003237	Soldering Station	250.00
08764	AN0003254	Soldering Station	250.00
08805	1075799	Modem, External Baud	215.00
08825	00107251	Keyboard Zenith	200.00
08828	34CF003304	Computer, Desktop	2,879.00
08864	06106A4710	Computer Expo Set	2,300.00
08866	106220-916	Monitor 14" VGA	281.91
08867	106220-636	Monitor 14" VGA	281.90
08874	E331900634	Graphic Tablet Summa Sketch II	825.00
08930	F06843	Radio Set AN/PRC-90	517.31
08955	7771340087	Disk Drive Bernoulli	2,219.00
08969	814544A019	Monitor Video Graphic	896.00
08970	31HAL70554	Computer Mod 84PC	3,189.00
08971	08971	Keyboard, Enhanced	200.00
09005	B011374	OSCILLOSCOPE OS-288/G	3,821.99
09006	B011377	OSCILLOSCOPE OS-288/G	3,821.99
09031	0E11344376	Printer 9-PIN Epson	483.00
09034	0E11344377	Printer 9-PIN Epson	483.00
09040	0E11344380	Printer 9-PIN Epson	483.00
09044	0E11344361	Printer 9-PIN Epson	483.00
09055	0E11344356	Printer 9-PIN Epson	483.00
09059	0E11344350	Printer 9-PIN Epson	483.00
09064	3127J20038	Printer LaserJet IIIiD	2,728.00
09088	110913076	Saw Band Horizontal	4,500.00
09104	ACD1352	Drawing Board	400.00
09106	1GMATJ21138	Printer, Panasonic	1,200.00
09107	1070110238	Monitor, Diamond Scan Color	300.00
09108	W910917564	Power Supply, Uninterruptible	300.00
09120	W910918405	Power Supply 450	300.00
09124	GMATJ22196	Printer, 24-Pin Mult	300.00
09143	19A	Test Set EL SY AN/ALM-17B	9,477.00
09144	40A	1 ST EL SY AN/ALM-17B	9,477.00
09241	USA#WL09WB	TRK LF CBD 4000 LB	10,864.00
09242	09242	Sprayer Paint Airless	1,950.00

SECTION J
ATTACHMENT 14PIN/SINN: DAAM21-03-C-0345
MOD/AMD

Page 14 of 36

ATTC
GOVERNMENT FURNISHED PROPERTY LISTING

As of 1/1/7403	BAR CODE	SERIAL NUMBER	NOMENCLATURE	COST
	09257	USA58092	VLTMTRE EL ANURM-146D	372.00
	09319	F2190	Radio Set AN/PRC-80	517.31
	09320	14924	Radio Set AN/PRC-80	517.31
	09321	1796A	Radio Set AN/PRC-80	517.31
	09322	F3538	Radio Set AN/PRC-90	517.31
	09370	09370	Dispenser, Water	506.00
	09373	0116865	Telephone, Answering	79.95
	09393	AT21000928	Computer, Micro	1,241.00
	09394	4122090	Monitor, 14" VGA Color	345.00
	09395	M920605888	Keyboard IBM Compat	200.00
	09397	4118344	Monitor, 14" VGA Color	345.00
	09402	AT21001528	Minicomputer 486	1,241.00
	09404	M920605842	Keyboard IBM Compat	200.00
	09407	M920605816	Keyboard, IBM	200.00
	09426	AT21001128	Computer, Micro	345.00
	09427	4122196	Monitor 14" VGA Color	345.00
	09428	M920605883	Keyboard IBM Compat	200.00
	09432	AT21002228	Computer Micro	1,241.00
	09433	4118803	Monitor 14" VGA Color	345.00
	09434	M920605817	Keyboard IBM Compat	200.00
	09435	AT21000328	Computer, Micro	1,241.00
	09440	M920605841	Keyboard, IBM	200.00
	09442	4117637	Monitor, WIN	345.00
	09443	M920604789	Keyboard Zenith	200.00
	09456	AT21001928	Minicomputer 486	1,241.00
	09457	4117616	Monitor, 14" VGA Color	345.00
	09458	M920605904	Keyboard, IBM Compatible	200.00
	09459	AT21001328	Minicomputer 486	1,241.00
	09461	M920605908	Keyboard, IBM Compatible	200.00
	09463	4117218	Monitor, 14" VGA Color	345.00
	09467	M920604513	Keyboard, IBM Compatible	200.00
	09488	4116555	Monitor, 14" VGA Color	345.00
	09489	4117477	Monitor 14" VGA Color	345.00
	09477	0024520	Keyboard, Unisys	200.00
	09502	20057680	Monitor, MDL TE 1458	300.00
	09503	686588	Minicomputer 486	1,842.00
	09504	1529A132	Keyboard, Compuadd	150.00
	09524	9215601EF	Radio Set	4,010.00
	09557	09557	Sheet Feeder 7870	200.00
	09570	14577	Radio Set AN/PRC-80	517.31
	09571	14141	Radio Set AN/PRC-80	517.31
	09572	11715	Radio Set AN/PRC-90	517.31
	09573	387812112	Printer DOT Matrix UN	371.00
	09584	20228498	Monitor 14" VGA	281.00
	09609	41177771	Monitor 14" VGA Color	345.00
	09664	85-25344	Manual, Crew	144.00
	09693	AT30814928	Computer Micro	1,241.00
	09702	812AE3284	Computer PC, Zenith	1,028.00

SECTION J
ATTACHMENT 14PINUSSEN: DAH23-03-C-0345
MOVAMU

Page 15 of 36

ATTC
GOVERNMENT FURNISHED PROPERTY LISTING

As of 3/17/03			
BAR CODE	SERIAL NUMBER	NOMENCLATURE	COST
09708	6128	Radio Set AN/PRC-90	517.31
09740	B010416	DISTORT ANA TS-4084/G	2,586.00
09741	USBC154498	Printer, Laserjet	1,336.00
09763	09763	Gun, Long John Ext	199.00
09778	32805-0461	Modem, Minilower FAX	179.00
09779	3051003636	FAX, Smart Modem	379.00
09780	3051003462	FAX, Smart Modem	379.00
09792	09792	Power Supply	269.00
09793	09793	Power Supply	369.00
09806	9308150000	Switch, Auto-Data	239.00
09811	ZAA69196	Drawing Board	248.00
09812	MHX808162	Monitor, Color Mdl MX-17F	899.00
09813	09813	Computer, MDL 488DX286 W/Keyboard	2,272.00
09857	USBB499029	Printer, Laserjet 4L	699.00
09879	USBC130205	Printer, Laserjet 4L	1,336.00
09914	A0125100K034	Modem, Fax Smart	401.95
09923	USTC044753	Printer, Laserjet 4 Mdl C2001a	1,446.80
09933	09933	Computer Comlrado	1,750.00
09934	182738142	Keyboard Fujau	100.00
09965	AC0-35005041	Monitor, Color 15", Mdk CMS-1861LR	300.00
09968	18276359	Keyboard, 101	65.00
09967	09967	Computer, Mdl 408DX2-86	1,995.00
09972	3593A	Oscilloscope DC-100MHZ, AN/USM-48B	2,084.00
09976	3337A52639	Scanner, Scanjet HP, Mdl C2500A	949.00
09977	119414	Sheet Feeder, Automatic	499.00
09983	USBB580417	Printer, Laserjet HP	845.00
10008	USBB601512	Printer, Laserjet 4, Mdl C2003A	664.00
10009	USBB191864	Printer, Laserjet 4, Mdl C2001A	1,389.00
10014	USBB607124	Printer, Laserjet 4L	664.00
10018	10018	Building Portable, ATTC 901	2,378.18
10068	188TUED504	Radio, Two-Way, Mdl P43QLC20A2AA	440.00
10069	188TUED624	Radio, Two-Way, Mdl P43QLC20A2AA	440.00
10070	188TUEE581	Radio, Two-Way, Mdl P43QLC20A2AA	440.00
10087	USBB726553	Printer, Laserjet HP	664.00
10103	USBB682267	Printer, Laserjet HP	664.00
10106	10106	Computer 486-33SX	1,175.00
10107	M940102859	Keyboard	100.00
10108	A90-41300823	Monitor, VGA 14"	374.00
10109	13311	Printer, Sharer Mdl SB-310	479.95
10123	188TUA0288	Radio Two-Way	500.00
10128	10128	Tricycle	633.22
10142	10142	Square, Machinist (locally fabricated)	100.00
10175	BY7MM31201	Graphics Tablet Micro	217.00
10182	940408564	Keyboard	55.00
10185	10185	Computer Pentium PAK	1,859.00
10186	TCE4400355	Keyboard	100.00
10190	1198	Analyzer, Army Vibration	12,339.00
10191	4123	Adapter Set, AVA CH-47	3,093.00

SECTION J
ATTACHMENT 14PIEN/SINN: DAAH23-01-C-0345
MOJ/DAMD

Page 16 of 36

ATTC
GOVERNMENT FURNISHED PROPERTY LISTING

As of 3/17/03 BAR CODE	SERIAL NUMBER	NOMENCLATURE	COST
10192	10192	Power Supply Uninterruptable	478.00
10197	42104834	Monitor 14" Color	255.00
10199	42104824	Monitor 14" Color	255.00
10203	1333001677	Monitor, 17" Mag Color	888.00
10243	3342588H40	Monitor Color Compaq	378.00
10327	0003892	Keyboard Mdl M2	100.00
10329	36410329	Monitor Color 14"	378.00
10350	46U170100	Radio, Handheld	450.00
10351	43U140073	Radio, Handheld	450.00
10393	1402	Radio Set AMPRC-90	517.32
10422	10422	Modem, Data/Fax	114.95
10424	1901	Accushear	51,170.00
10433	47U180041	Radio, Handheld, Mdl HX241V	450.00
10434	47U180044	Radio, Handheld, Mdl HX241V	450.00
10435	47U180050	Radio, Handheld, Mdl HX241V	450.00
10484	4104131811	Power Supply	179.95
10520	1179AA	Program Loader Radio Set, KY813/PRC112	1,807.00
10521	1180AA	Program Loader Radio Set, KY913/PRC112	1,807.00
10525	177	Power Supply PP-2853/U	2,551.00
10538	JS111	Calibe, Mdl 1440-3P6H	8,448.00
10563	38103733	Monitor 14" Color	378.00
10564	3470096	Keyboard Mdl M2	100.00
10597	38581214	Monitor 14" Color	378.00
10608	R4V-075	Milling Machine Mdl AM STAR 1500	38,770.00
10626	JPBF008455	Printer, Laserjet 4V	1,863.00
10643	USCC410479	Printer, Laserjet 4L	633.00
10644	USCC478294	Printer, Laserjet 4L	633.00
10656	USCC477827	Printer, Laserjet 4L	633.00
10678	407332	Television, Color 19"	179.98
10692	450290794	Recorder, Video Mdl VR327	179.99
10713	50082	Scale, Weighing Aircraft Top of Jack	2,900.00
10714	50081	Scale, Weighing Aircraft Top of Jack	2,900.00
10717	05898	Radio, AirBand VHF Mdl HIC-22	599.00
10744	AV2944000184	Monitor Color 15"	358.00
10758	JPDD105939	Printer, Laserjet Color	5,551.00
10766	095040122868	Power Supply Mdl BK400B	148.98
10767	095040122933	Power Supply Mdl BK400B	148.98
10768	095020068022	Power Supply Mdl BK400B	148.98
10802	USBB014027	Printer, Laserjet 5L	633.00
10824	155092175	Keyboard, Mdl FDA1021	100.00
10825	50684914	Monitor, EVGA Mdl CM201	320.00
10828	48591283	Monitor, EVGA Mdl CM201	320.00
10830	CD3143167	Keyboard, Mdl FDA1021	100.00
10848	0392052	Plotter Artisan PLUS 1023	1,200.00
10853	TGKB50904393	Keyboard, Mdl FDA1021	100.00
10854	48591287	Monitor, EVGA Mdl CM201	320.00
10862	CD3143176	Keyboard, Mdl FDA1021	100.00
10863	48591252	Monitor, EVGA Mdl CM201	320.00

SECTION J
ATTACHMENT 14PTIN/SINN: DAAHEJ-03-C-0345
MOD/AMD

Page 17 of 30

ATTC
GOVERNMENT FURNISHED PROPERTY LISTING

As of 3/17/01	BAR CODE	SERIAL NUMBER	NOMENCLATURE	COST
	10865	CD3143203	Keyboard, Mdl FDA1021	100.00
	10866	50684535	Monitor, EVGA Mdl CM201	320.00
	10908	10908	Test Set Stabilator Line/SAS	26,477.00
	10909	324681	Elec comp Assembly	116.96
	10915	10915	Gun, Soldering Cordless Mdl Z-50	110.96
	10916	10916	Gun, Soldering Cordless Mdl Z-50	935.00
	10961	USCC717471	Printer, Laserjet 4L	487.00
	10963	USCC717474	Printer, Laserjet 4L	487.00
	10964	USCC731712	Printer, Laserjet 4L	487.00
	10965	USCC717434	Printer, Laserjet 4L	487.00
	10966	USCC718998	Printer, Laserjet 4L	487.00
	10967	JPDF032653	Printer, Laserjet	1,834.60
	10968	JPDF032654	Printer, Laserjet	1,834.60
	11090	5509	Fiberscope, Mdl AI-S-150U	8,135.00
	11108	551CA10AD310	Monitor, Compaq, Ovision	971.00
	11113	6625HSN3D560	Computer, Mdl XL5133	4,325.00
	11114	55ACA10AD303	Monitor, Compaq, Ovision	971.00
	11133	11133	Scale, Aircraft Weighing	25,000.00
	11134	A34285	Weight Cells (comp of 11133)	
	11135	A34289	Weight Cells (comp of 11133)	
	11136	A34288	Weight Cells (comp of 11133)	
	11137	A34273	Weight Cells (comp of 11133)	
	11138	799215	Central Processing Unit AC100 (comp of 11133)	
	11139	A34285	Weight Cells (comp of 11133)	
	11140	A34295	Weight Cells (comp of 11133)	
	11141	A34264	Weight Cells (comp of 11133)	
	11142	A34284	Weight Cells (comp of 11133)	
	11143	799216	Central Processing Unit AC100 (comp of 11133)	
	11144	502023	Platform Scales (comp of 11133)	
	11145	502028	Platform Scales (comp of 11133)	
	11146	502027	Platform Scales (comp of 11133)	
	11150	M143GA008123	Monitor, 17" MAG	649.00
	11178	JPCD172762	Printer, Laserjet 5L	443.00
	11181	11181	Jack Hyd Tripod 12 T	1,555.00
	11182	11182	Jack Hyd Tripod 12 T	1,555.09
	11183	11183	Jack Hyd Tripod 12 T	1,555.09
	11184	11184	Jack Hyd Tripod 12 T	1,555.09
	11194	7118446BYK0411A	Computer, Notebook, DELL	3,466.00
	11195	7118446BYK0425A	Computer, Notebook, DELL	3,466.00
	11196	7118446BYK0407A	Computer, Notebook, DELL	3,466.00
	11197	7118446BYK0409A	Computer, Notebook, DELL	3,466.00
	11198	7118446BYK0233A	Computer, Notebook, DELL	3,466.00
	11199	7118446BYK0376A	Computer, Notebook, DELL	3,466.00
	11200	7118446BYK0227A	Computer, Notebook, DELL	3,466.00
	11201	7118446BYK0426A	Computer, Notebook, DELL	3,466.00
	11202	7118446BYK0335A	Computer, Notebook, DELL	3,466.00
	11203	7118446BYK0408A	Computer, Notebook, DELL	3,466.00
	11204	7118446BYK0385A	Computer, Notebook, DELL	3,466.00

SECTION J
ATTACHMENT 14FINSINN: DAAH23-01-C-0345
MOD/AMB

Page 18 of 36

ATTC
GOVERNMENT FURNISHED PROPERTY LISTING

As of 3/17/03 BAR CODE	SERIAL NUMBER	NOMENCLATURE	COST
11205	7118446BYK0410A	Computer, Notebook, DELL	3,466.00
11207	7118446BYK0445A	Computer, Notebook, DELL	3,466.00
11208	7118446BYK0447A	Computer, Notebook, DELL	3,466.00
11217	FB7160901	Monitor, 17"	1,030.00
11223	FB7160645	Monitor, 17"	1,030.00
11225	FB7160652	Monitor, 17"	1,030.00
11236	H23W2B	Computer, Pentium, Desktop	3,000.00
11239	H23W2D	Computer, Pentium, Desktop	3,000.00
11255	U03736349	VCR, Symphonic	299.00
11256	V7150714828354	Television 31" Sonyo	469.00
11259	88746J22L087	Monitor, 17" Dell	399.00
11265	BL1NX	Computer, P233M, Dell	2,000.00
11268	M154H8099915	Monitor, 17" MAG	480.00
11269	M154H8099919	Monitor, 17" MAG	480.00
11270	M154H8099918	Monitor, 17" MAG	480.00
11286	8067412	Monitor, Color	279.00
11287	JPHJ037077	Printer, Laserjet 6L	389.99
11289	JPHJ037095	Printer, Laserjet 6L	389.99
11298	CBF41	Computer, P233M, Dell	2,000.00
11301	H2BCEV	CPU, P233M, Intergraph	2,100.00
11302	H2BCEJ	CPU, P233M, Intergraph	2,100.00
11304	FB7211282	Monitor, 17", Intergraph	1,030.00
11305	FB7211285	Monitor, 17", Intergraph	1,030.00
11306	FB7211284	Monitor, 17", Intergraph	1,030.00
11325	H2BCEZ	Computer, P233M	2,000.00
11335	H2BCEX	Computer, P233M	2,000.00
11336	FB7212342	Monitor, 17", Intergraph	374.00
11359	H2BCF4	Computer, P233M	2,000.00
11365	H2BCDD	Computer, P233M	2,000.00
11366	FB7211733	Monitor, 17", Intergraph	374.00
11368	JPHL121374	Printer, Laserjet 6L	367.00
11369	JPML121373	Printer, Laserjet 6L	367.00
11372	FB7211731	Monitor, 17", Intergraph	374.00
11373	H2BCDH	Computer, P233M, DELL	2,000.00
11378	DBYR6	Computer, P233M, DELL	1,500.00
11387	FB8140282	Monitor, 17", Intergraph	499.00
11390	H292ZY	Computer, Desktop	2,470.00
11392	H293AG	Computer, Pentium, Desktop	2,470.00
11394	H2F900	Computer, Desktop	2,470.00
11401	0009660450	Computer, PII-286M	2,480.00
11402	17004A388170	Monitor, 17", Gateway	500.00
11409	H2FAEC	Computer, Pentium	1,486.00
11413	H2FB53	Computer, Pentium	1,486.00
11415	H2FB4X	Computer, Desktop	1,486.00
11416	FB8140153	Monitor, 17", Intergraph	499.00
11418	FB8140155	Monitor, 17", Intergraph	499.00
11419	H2FB6G	Computer, Desktop	1,486.00
11421	H2F8KX	Computer, Desktop	1,486.00

SECTION J
ATTACHMENT 14PIN/SINN: DAAR2J-03-C-0345
MOD/AMD

Page 19 of 36

ATTC
GOVERNMENT FURNISHED PROPERTY LISTING

As of 3/17/03			
BAR CODE	SERIAL NUMBER	NOMENCLATURE	COST
11422	FB7641553	Monitor, 17", Intergraph	499.00
11425	92DJ601907	Computer, Desktop	1,564.00
11438	92GJ700068	Computer, Desktop	1,546.00
11457	B92GJ700707	Computer, Desktop	1,540.00
11463	B92GJ701072	Computer, Minilower	1,540.00
11474	B92GJ700558	Computer, Desktop	1,540.00
11483	B92GJ701749	Computer, Desktop	1,540.00
11484	B92GJ700523	Computer, Desktop	1,540.00
11494	FG8250668	Monitor, 17"	303.00
11495	FG8250668	Monitor, 17"	303.00
11509	FB8210234	Monitor, 17"	303.00
11512	FB8210231	Monitor, 17"	303.00
11530	FG8250951	Monitor, 17"	303.00
11532	FG8250953	Monitor, 17"	303.00
11533	FG8250947	Monitor, 17"	303.00
11535	FG8250946	Monitor, 17"	303.00
11537	J305B88	Printer, Laserjet Color	2,298.00
11556	B92GJ701543	Computer, Desktop	1,540.00
11557	B92GJ701394	Computer, Desktop	1,540.00
11560	FK8153107	Monitor, 17"	286.00
11563	FK8153485	Monitor, 17"	269.00
11587	MY91GA20T4	Multifunction Machine HP710	469.00
11823	H3NKG00279R	Monitor, 19", Intergraph	410.00
11855	GC01410993	Monitor, 17" DAEWOO	366.00
11859	R0074	TST ST PILOT AST NULL	14,201.00
11864	10E01041110769	Printer, Color, Lexmark	2,114.00
11698	3400D0010000	Printer, Bar Code	1,800.00
12018	S9543	Keyboard, Enhanced	100.00
12075	US5881308V	Printer Desktop 855C	479.99
12076	US5881108D	Printer Desktop 855C	499.99
12088	60207125	Oven Microwave	119.00
12189	EKA60902815	Camera Zoom/Mtl DC 50	1,200.00
12192	98103750	Monitor 14" Color	378.00
12205	A0075	Test Set TS-3896LV	8,415.00
12206	980922850	Dispenser Wlr 115v	375.00
12211	A1768	CNTR ELC R AN/USM-450	6,418.00
12242	08859912	Heavy Mixer w/Cabs, Stands, Microphone	1,530.00
12254	F63446116	Multifunction Center	799.00
12280	161109600220000	Telephone, Cordless	179.99
12327	H13839	Display Unit PN 125200-001	3,317.00
12328	H13988	Display Unit PN 125200-001	3,317.00
12329	H13848	Display Unit PN 125200-001	3,317.00
12330	H13982	Display Unit PN 125200-001	3,317.00
12333	3GNEK18R5VG132237	Vehicle, Non-Tactical, Chev TAHOE	31,232.96
12382	12382	Board, Magnetic 4' x 6'	992.75
12392	6566	Crane Floor Pdbl 2 Ton	668.00
12405	B057CD	Telephone, Cordless	379.99
12410	USB0006814	Printer, Laserjet 6P	721.00

SECTION J
ATTACHMENT 14PHN/SINN: DAH23-03-C-0345
MOD/AMD

Page 20 of 36

ATTC
GOVERNMENT FURNISHED PROPERTY LISTING

As of 3/17/03	SERIAL		
BAR	NUMBER	NOMENCLATURE	COST
CODE			
12416	20063	Carl, Utility	8,225.04
12417	20064	Carl, Utility	8,225.04
12420	0283A	Ohmmeter, AN/PSM-43	312.00
12452	3209888	Camera, Still 35MM	486.00
12453	720423	Lens, Camera 28-200MM	330.00
12454	3422498	Flash, Camera, Nikon	210.00
12463	10567-730018	Test Set Line Advanced	60,064.00
12464	181	Tester, Fuel Quantity Digit	4,416.00
12465	062	Tester, Fuel Quantity Digit	4,886.00
12481	FA725N013780	Scanner, Color Strobe	299.00
12483	FA725N013866	Scanner, Color Strobe	299.00
12488	12488/TR1221	CH58, Blade Repair Kit	10,135.20
12489	730140/TR1123	Test Set Line Advanced	60,064.00
12491	12491	Cycle, Mohawk 3 Wheeler	594.85
12499	4938-002	T ST T AN/APM-424(V)2	18,965.00
12520	7357346BYK4355A	Computer, Notebook	4,100.00
12527	1B9BS1720VW473103	Trailer, Antenna Mast	70,000.00
12546	BY4NJ7247	Computer, Notebook	2,699.00
12548	9Y48V7246	Computer, Notebook P-133	2,699.00
12561	7HAFA127774	Fax, Plain Paper	318.00
12574	C5G2L	Computer, P233M, DELL	2,000.00
12585	A726BNX2D385	Computer, P81-23317	1,699.00
12605	4	Test Set, Handover	4,000.00
12606	1B45	Heat Gun, Electric	3,830.70
12607	GSE419	Milohmmeter, Digital	600.00
12608	134E	Test Set, Fuel	46.85
12609	1005	Test Set, Electronic Pilot Stat	8,600.00
12619	H2BCEP	Computer, P233M, DELL	2,000.00
12629	SG7BIF32FZ	Fax/Copier Officejet HP300	389.99
12690	BG003204	CD External Drive	958.96
12702	9712327596	Heat Pump, Window	740.00
12705	8DBDB019641	Telephone, Cords w/Ans	330.98
12706	C177GD	Answer Machine, Digital	39.99
12765	FB7414921	Monitor, 17"	303.00
12780	1FCNF535S910A10381	Vehicle, Mobile Telemetry	125,000.00
12836	12836	Punch, Knockout, D-shaped .750" x .705"	167.79
12837	12837	Punch, Knockout, D-shaped .500" x .460"	156.60
12838	12838	Punch, Knockout, D-shaped .625" x .594"	175.81
12839	12839	Protractor, Digital	400.00
12845	12845	Apache Main Rotor Tool Kit	12,281.00
12864	LCAUS0419YT304812	Trailer, Telemetry	2,000.00
12871	12871	AMATTS (Apache mag & Airc Tank Transfer Sys)	17,376.00
12875	12875	Adapter, Component Har	5,561.62
12877	12877	Carl, ECS Servicing	17,613.99
12882	12882	ERFS II "B" Kit	585,181.00
14019	DKJ8T	Computer, Minitower	1,880.00
14027	A807BQM2H962	Computer, Pentium	2,424.00
14059	A813BQM2F895	Computer, Pentium, Compaq	2,424.00

SECTION J
ATTACHMENT 14PIN/SINN: DAAH23-03-C-0343
MOD/AMB

Page 21 of 36

ATTC
GOVERNMENT FURNISHED PROPERTY LISTING

As of 3/17/03 BAR CODE	SERIAL NUMBER	NOMENCLATURE	COST
14074	USHB626796	Printer, Laser 6L	399.00
14075	A813BQM2E909	Computer, Tower	2,424.00
14081	808CA02HD671	Monitor, 17"	725.00
14082	809CA02HD670	Monitor, 17"	725.00
14103	002	Test Set, Radio ACR/TS-24B	13,000.00
14136	8QADB003399	Telephone, Cordless w/ans	330.99
14138	1154672	Projector, Overhead	299.95
14140	4XSPB1617XG009335	Trailer, 7x16', single axle	3,424.00
14144	A813BQM2H543	Computer, PII-333M, Desktop	1,899.00
14147	A813BQM2H820	Computer, PII-333M, Desktop	1,899.00
14162	14162	Computer, Tower	635.00
14198	FB8210651	Monitor, 17"	372.00
14204	G398D	Computer, P-2, DELL	2,040.00
14252	B92GJ700559	Computer, Desktop	1,540.00
14253	FB7641451	Monitor, 17"	303.00
14298	8ICDA030902	Telephone, Cordless W/Answer	369.99
14331	8503446BY15090A	Computer, Notebook, Pent II; Dell	2,261.00
14332	8503446BY15167A	Computer, Notebook, Pent II; Dell	2,261.00
14333	8503446BY15166A	Computer, Notebook, Pent II; Dell	2,261.00
14334	8503446BY15164A	Computer, Notebook, Pent II; Dell	2,261.00
14335	8503446BY15101A	Computer, Notebook, Pent II; Dell	2,261.00
14384	0107	Oxygen SYS PRBL-6 Person	10,594.73
14385	0103	Oxygen SYS PRBL-6 Person	10,594.73
14428	9603	Tractor, Warehouse MDL HTAB Diesel (TUG)	22,081.74
14429	9606	Tractor, Warehouse MDL HTAB Diesel (TUG)	22,081.74
14430	9604	Tractor, Warehouse MDL HTAB Diesel (TUG)	22,081.74
14431	9607	Tractor, Warehouse MDL HTAB Diesel (TUG)	22,081.74
14432	9608	Tractor, Warehouse MDL HTAB Diesel (TUG)	22,081.74
14492	USLE006630	Printer, HP LJ 1100SE	399.95
14495	052526	Data Transfer AMCYZ-10 V3	534.86
14496	052439	Data Transfer AMCYZ-10 V3	534.86
14497	2694	KY 100 RCU	4,861.00
14498	2224	KY 100 RCU	4,861.00
14499	2689	KY 100 RCU	4,861.00
14500	1581	KY100 AIRTERM	12,861.00
14501	1578	KY100 AIRTERM	12,861.00
14502	1585	KY100 AIRTERM	12,861.00
14508	1637A05089	Generator, Signal HP MDL 8640B	6,592.00
14641	KA104515	Computer, Desktop 150M	1,118.00
14642	KA104684	Computer, Desktop 150M	1,118.00
14643	KA104558	Computer, Desktop 150M	1,118.00
14644	KA105061	Computer, Desktop 150M	1,118.00
14645	KA104530	Computer, Desktop 150M	1,118.00
14648	GC96881283	Monitor, 17" DAEWOOD	749.00
14649	GC96881654	Monitor, 17" DAEWOOD	749.00
14650	GC96881665	Monitor, 17" DAEWOOD	749.00
14651	GC96881666	Monitor, 17" DAEWOOD	749.00
14652	GC96881675	Monitor, 17" DAEWOOD	749.00

SECTION J
ATTACHMENT 14PINSINN: DAAH23-03-C-0345
MOD/AMD

Page 22 of 36

ATTC
GOVERNMENT FURNISHED PROPERTY LISTING

As of 3/17/03			
BAR CODE	SERIAL NUMBER	NOMENCLATURE	COST
14679	01036826	Sewing Machine, Kenmore	119.00
14682	14692	Computer, Notebook, DELL	2,357.00
14752	1080	Test Set, Radio T-30M	9,900.00
14754	JN92305183	Dehumidifier	199.00
14755	JN92305201	Dehumidifier	199.00
14782	007C005721D1	Scanner, Flatbed	99.95
14769	J09023718	CD ROM 25 Disc, Todd Enterprises Mdl Titan	2,318.16
14770	14770	Torque Wrench, 3/4" SQ MM	445.31
14791	U19290G0U112665	Sewing Machine, Brother Mdl B29d	259.96
14792	CN06921418	Scanner, Flatbed CLR	299.95
14797	H1085	Radio Set AN/PRC-112	5,020.00
14798	H0323	Radio Set AN/PRC-112	5,020.00
14799	H1076	Radio Set AN/PRC-112	5,020.00
14800	H0242	Radio Set AN/PRC-112	5,020.00
14801	H0442	Radio Set AN/PRC-112	5,020.00
14802	H0160	Radio Set AN/PRC-112	5,020.00
14803	H0208	Radio Set AN/PRC-112	5,020.00
14804	5619A	Radio Set AN/PRC-112	5,020.00
14805	H0319	Radio Set AN/PRC-112	5,020.00
14806	H0218	Radio Set AN/PRC-112	5,020.00
14807	H0285	Radio Set AN/PRC-112	5,020.00
14808	H1059	Radio Set AN/PRC-112	5,020.00
14809	H0308	Radio Set AN/PRC-112	5,020.00
14810	H1099	Radio Set AN/PRC-112	5,020.00
14811	H0274	Radio Set AN/PRC-112	5,020.00
14859	OFBQD051546	Telephone, Cordless	199.95
14860	OFBQD051485	Telephone, Cordless	199.95
14862	OFBQD051561	Telephone, Cordless	199.95
14872	OFBQD051383	Telephone, Cordless	199.95
14874	OFBQD051388	Telephone, Cordless	199.95
14875	OFBQD051450	Telephone, Cordless	199.95
14934	14934	Replicator, Port	159.00
14952	L07041607	Facsimile, Brother 1270	139.96
15007	OIBDE094677	Telephone, Cordless	199.95
15130	OIBDE095653	Telephone, Cordless	179.95
15138	LB272048	Welding Machine, ARC (3431002354728)	3,697.20
15140	1153938	Camera, Zoom	415.00
15147	15147	HADS Test Set (Hammond Mdl 8901)	895.00
15160	61041670	GPS Portable	775.00
15332	15332	Bracket, Mounting (Leveling Kit Plumb Bob)	1,983.50
15333	15333	Target, Leveling, Aircraft	891.45
15344	1KACA112100	Telephone, Cordless	179.95
15439	315982YSP	Recorder, Voice, Digital	159.99
15440	315984YSP	Recorder, Voice, Digital	159.99
15552	18G1M11	Computer, Desktop	1,200.00
15553	4760326KBSV1	Monitor, 17" Dell	221.00
15554	47603-26K-BQUK	Monitor, 17" DELL	200.00
15555	55R4M11	Computer, Desktop	1,453.90

SECTION J
ATTACHMENT 14PIN/SINN: DAAH23-01-C-0345
MOD/AMD

Page 23 of 36

ATTC
GOVERNMENT FURNISHED PROPERTY LISTING

As of 3/17/03	BAR CODE	SERIAL NUMBER	NOMENCLATURE	COST
	15556	US17HS2965	Scanner, Desktop	589.00
	15557	CZYK105594	Printer, Photo Inkjet	499.00
	15639	4W79Q11	Computer, Notebook, DELL	1,488.00
	15640	2T79Q11	Computer, Notebook, DELL	1,488.00
	15641	7V9Q11	Computer, Notebook, DELL	1,488.00
	15642	HV9Q11	Computer, Notebook, DELL	1,488.00
	15643	CS9Q11	Computer, Notebook, DELL	1,488.00
	15644	CT79Q11	Computer, Notebook, DELL	1,488.00
	15645	7T79Q11	Computer, Notebook, DELL	1,488.00
	15646	DW79Q11	Computer, Notebook, DELL	1,488.00
	15647	7W79Q11	Computer, Notebook, DELL	1,488.00
	15648	9S9Q11	Computer, Notebook, DELL	1,488.00
	15649	1V79Q11	Computer, Notebook, DELL	1,488.00
	15650	GS79Q11	Computer, Notebook, DELL	1,488.00
	15651	8V79Q11	Computer, Notebook, DELL	1,488.00
	A0003	L7142	Adapter Assy	11,600.00
	A0016	A0016	Tool Cabinet Rollaway	500.00
	A0239	A0239	Cab Stor 55Hx36Wx50D	653.66
	A0372	A0372	Cab Stor 55Hx36Wx50D	653.66
	A0374	A0374	Cab Stor 55Hx36Wx50D	653.66
	A0383	A0383	Cab Stor 55Hx36Wx50D	653.66
	A0909	A0909	Fan Circ 2 Piece Constr	50.00
	A0910	A0910	Fan Circ 2 Piece Constr	50.00
	A0912	A0912	Fan Circ 2 Piece Constr	50.00
	A0913	A0913	Fan Circ 2 Piece Constr	50.00
	A0914	A0914	Fan Circ 2 Piece Constr	50.00
	A0915	A0915	Fan Circ 2 Piece Constr	50.00
	A0917	A0917	Fan Circ 2 Piece Constr	50.00
	A1033	A1033	Filing Cab Cap Size (SAFE)	337.00
	A1081	15GH-728	Generator Set, Elec	4,700.00
	A1216	A1216	Ladder,Fiberglass 4F	116.00
	A1665	A1665	Cleaner Vac 120V 60HZ	211.00
	A1780	A29	MAINT PLY HYD ADJ 18F	1,809.73
	A1784	124394	Engravograph	530.00
	A1805	7264	Oxygen Servicing Unit	1,256.00
	A2044	121	Power Sup PP-4806(VG	1,989.00
	A2047	117	Power Sup PP-4806(VG	1,988.00
	A2162	7119	Radio Set AN/PRC-90	517.31
	A2523	A2523	Scale,Beam, Portable	500.00
	A2853	2005-23	Test Stand, Hydraulic	34,320.00
	A2862	153	TST STAND 78009-100	28,869.00
	A3000	UC01H4	Tractor, Wind Whse	5,717.00
	A3001	WL00WVY	Tractor, Wind Whse	6,510.00
	A3110	CM2757	Truck, Van, Instrumentation	16,000.00
	A5492	234704	Oven Laboratory Heat 124A	309.00
	A7929	114797	Oven, Microwave	397.00
	A8022	3350895	Multimeter	371.00
	A8029	A8029	Squib Test Set	250.00

SECTION J
ATTACHMENT 14PIN/SINN: DAAH23-03-C-0043
MOD/AMD

Page 34 of 36

ATTC
GOVERNMENT FURNISHED PROPERTY LISTING

As of 3/17/03 BAR CODE	SERIAL NUMBER	NOMENCLATURE	COST
A8316	942-241	Generator Set, Diesel	30,000.00
A8317	942-242	Generator Set, Diesel	30,000.00
A8318	A8319	Parachute, Natl 490	1,155.00
A8320	A8320	Parachute, Natl 490	1,155.00
A8392	A8392	Work Bench	300.00
A9408	1105360	Terminal w/Keyboard	482.00
A9515	S813617	Air Conditioning Unit	4,589.00
A9729	9007-19600	Engine Washer	2,242.00
A9773	KA769949	Welder, TIG	4,476.00
A9792	3003JG0K2C	Printer, Laserjet III	1,828.00
A9796	UC06YM	Tractor, Wheeled	15,471.00
A9866	UD0295	Crane Wht Mid	55,046.00
B0210	B0210	Multimeter	158.00
B0397	E005045	Generator Set 28v DC, Tdr Mnd, JET-EXA	10,000.00
B0501	WC3756TMW	Trailer, Utility, Covered	1,000.00
B0609	EA2928609	Refrigerator	425.95
B0657	B0657	Fan Circ 2 Piece Constr	136.95
B0709	K0080	Helmet Unit Integrated(IHAADS)	7,708.00
B0711	F1069	Helmet Unit Integrated(IHAADS)	7,708.00
B0716	02A9043786	Microwave Oven	199.00
B0743	B0743	Parachute, BETA	11,664.00
B0744	B0744	Parachute, BETA	11,664.00
B0745	B0745	Parachute, BETA	11,664.00
B0746	B0746	Parachute, BETA	11,664.00
B0747	B0747	Parachute, BETA	11,664.00
B0748	B0748	Parachute, BETA	11,664.00
B0749	B0749	Parachute, BETA	11,664.00
B0750	B0750	Parachute, BETA	11,664.00
B0751	B0751	Parachute, BETA	11,664.00
B0752	B0752	Parachute, BETA	11,664.00
B0762	B0762	Parachute, Natl 490	1,155.00
B0763	B0763	Parachute, Natl 490	1,155.00
B0819	B0819	Parachute, BETA	11,664.00
B0820	B0820	Parachute, BETA	11,664.00
B0821	B0821	Parachute, BETA	11,664.00
B0822	B0822	Parachute, BETA	11,664.00
B0860	315JA4359	Printer, Laserjet III	1,599.00
Bulk000001	Bulk000001	Case, Black W/Foam	60.88
Bulk000001	Bulk000001	Case, Black W/Foam	60.65
Bulk000001	Bulk000001	Case, Black W/Foam	60.88
Bulk000001	Bulk000001	Case, Black W/Foam	60.68
Bulk000001	Bulk000001	Case, Black W/Foam	60.88
Bulk000001	Bulk000001	Case, Black W/Foam	60.88
Bulk960001	Bulk960001	Sling Hcpr Ext 10000	442.00
Bulk960001	Bulk960001	Sling Hcpr Ext 10000	442.00
Bulk960001	Bulk960001	Sling Hcpr Ext 10000	442.00
Bulk960001	Bulk960001	Sling Hcpr Ext 10000	422.00
Bulk960004	Bulk960004	Jack Hyd Hand 10T	720.11

SECTION J
ATTACHMENT 14PIN/SINN: BAAH21-03-C-0345
MOD/AMID

Page 25 of 36

ATTC
GOVERNMENT FURNISHED PROPERTY LISTING

AS OF 3/17/03 BAR CODE	SERIAL NUMBER	NOMENCLATURE	COST
Bulk960004	Bulk960004	Jack Hyd Hand 10T	720.11
Bulk960004	Bulk960004	Jack Hyd Hand 10T	720.11
Bulk960004	Bulk960004	Jack Hyd Hand 10T	720.11
Bulk970009	Bulk970009	Chair,w/arms,Legacy Low Bk	350.00
Bulk970009	Bulk970009	Chair,w/arms,Legacy Low Bk	350.00
Bulk970009	Bulk970009	Chair,w/arms,Legacy Low Bk	350.00
Bulk970009	Bulk970009	Chair,w/arms,Legacy Low Bk	350.00
Bulk970010	Bulk970010	Bicycle,Industrial Style G	600.00
Bulk970010	Bulk970010	Bicycle,Industrial Style G	600.00
Bulk970011	Bulk970011	Cycle 400 LB Capacity	729.31
Bulk970012	Bulk970012	Chair,Ergo(Legacy W/Arms)	357.14
Bulk970012	Bulk970012	Chair,Ergo(Legacy W/Arms)	357.14
Bulk970012	Bulk970012	Chair,Ergo(Legacy W/Arms)	357.14
Bulk970012	Bulk970012	Chair,Ergo(Legacy W/Arms)	357.14
Bulk970012	Bulk970012	Chair,Ergo(Legacy W/Arms)	357.14
Bulk970012	Bulk970012	Chair,Ergo(Legacy W/Arms)	357.14
Bulk970012	Bulk970012	Chair,Ergo(Legacy W/Arms)	357.14
Bulk970014	Bulk970014	Cycle 400 LB Capacity	729.31
Bulk980004	Bulk980004	Life Raft Inflatable	1,076.68
D0119	D0119	Tire Changing Tool	432.00
D0724	1TZVF	Computer, Dell 486	2,338.00
D0728	1TZVH	Computer, Dell 486	2,338.00
D0742	D0742	Extension Boom Fork Mdl AKB	850.00
D0748	K0140	Helmet Unit Integrated(IHAADS)	7,708.00
D0749	E1365	Helmet Unit Integrated(IHAADS)	7,708.00
D0750	A0743	Helmet Unit Integrated(IHAADS)	7,708.00
D0755	A1862	Helmet Unit Integrated(IHAADS)	11,900.00
D0756	A0892	Helmet Unit Integrated(IHAADS)	15,270.00
D0770	1106896	Typewriter, WP	279.00
D0815	K920491460	Generator Set	11,558.00
D0816	K920492717	Generator Set	11,900.00
NO BC	744011	1/2" Air Stapler	120.00
NO BC	N/A	1/4" SQ.DR. Mini Pneu Ratchet Wrench	91.00
NO BC	N/A	3/8" SQ.DR. Pneumatic Ratchet Wrench	82.39
NO BC	N/A	4' Wood Table	100.00
NO BC	014*A	Adapter RF Mdl 1609-04 (Comp of 05817)	
NO BC	015*	Adapter RF Mdl 1609-04 (Comp of 05817)	
NO BC	13852-750	Adapter, Hub-blade	3,370.00
NO BC	103074-101	Adapter, Trans, MMS	8,258.04
NO BC	3175AA	Amplifier, Radio Frequency(NON POST)	10,020.50
NO BC	3194AA	Amplifier, Radio Frequency(NON POST)	10,020.50
NO BC	9707 118 4774	Answering Machine	25.00
NO BC	17506B	Aviators Night-Vision	14,869.00
NO BC	16359B	Aviators Night-Vision	14,869.00
NO BC	17043B	Aviators Night-Vision	14,869.00
NO BC	17400B	Aviators Night-Vision	14,869.00
NO BC	17499B	Aviators Night-Vision	14,869.00
NO BC	17500B	Aviators Night-Vision	14,869.00

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As of 3/17/03			
BAR CODE	SERIAL NUMBER	NOMENCLATURE	COST
NO BC	N/A	Chair Rotary w/arms beige	128.60
NO BC	N/A	Chair Rotary w/arms beige	128.60
NO BC	N/A	Chair Rotary w/arms beige	128.60
NO BC	N/A	Chair Rotary w/arms beige	128.60
NO BC	N/A	Chair Rotary w/arms beige	128.60
NO BC	N/A	Chair Rotary w/arms beige	128.60
NO BC	N/A	Chair Rotary w/arms beige	128.60
NO BC	N/A	Chair Rotary w/arms beige	128.60
NO BC	N/A	Chair Rotary w/arms beige	128.60
NO BC	N/A	Chair Rotary w/arms beige	128.60
NO BC	N/A	Chair Rotary w/ARMS LIN: D85075	50.00
NO BC	N/A	Chair Rotary W/o Arms beige	111.42
NO BC	N/A	Chair Rotary W/o Arms beige	111.42
NO BC	N/A	Chair Rotary W/o Arms beige	111.42
NO BC	N/A	Chair Rotary W/o Arms beige	111.42
NO BC	N/A	Chair Rotary W/o Arms beige	111.42
NO BC	N/A	Chair Rotary W/o Arms beige	111.42
NO BC	N/A	Chair Rotary W/o Arms beige	111.42
NO BC	N/A	Chair Rotary W/o Arms beige	111.42
NO BC	N/A	Chair Rotary W/o Arms lin: C95387	56.00
NO BC	N/A	Chair Rotary W/o Arms lin: C85887	56.00
NO BC	N/A	Chair Straight w/arms, Ladderback	31.45
NO BC	N/A	Chair Straight w/arms, Ladderback	31.45
NO BC	N/A	Chair Straight w/arms, Ladderback	31.45
NO BC	N/A	Chair Straight w/arms, Ladderback	31.45
NO BC	N/A	Chair Straight w/arms, Ladderback	31.45
NO BC	N/A	Chair W/O Arms-Blue	100.00
NO BC	N/A	Chair W/O Arms-Blue	100.00
NO BC	N/A	Chair, Arm	150.00
NO BC	N/A	Chair, Arm	150.00
NO BC	N/A	Chair, Rotary	70.43
NO BC	N/A	Chair, Straight W/Arms	100.00
NO BC	N/A	Chair, Straight W/o Arms	100.00
NO BC	N/A	Chair, Straight W/o Arms	100.00
NO BC	N/A	Chair, Straight W/o Arms	100.00
NO BC	N/A	Chair, Swivel	150.00
NO BC	N/A	Chair, Swivel W/O Arms	100.00
NO BC	N/A	Chair, Swivel W/O Arms	100.00
NO BC	N/A	Chair, W/ Arms	100.00
NO BC	N/A	Chair, W/ Arms	100.00
NO BC	N/A	Chair, Swivel W/Arms	100.00
NO BC	N/A	Chair, W/O Arms	100.00
NO BC	N/A	Coat Rack	100.00
NO BC	N/A	Coat Rack	100.00
NO BC	N/A	Coat Rack	100.00
NO BC	9A*	Compressor /ALQ-136(V)1	57,174.00

SECTION J
ATTACHMENT 14PINNIN: DAAH23-03-C-0345
MODAMD

Page 28 of 36

ATTC
GOVERNMENT FURNISHED PROPERTY LISTING

As of 3/17/03	BAR CODE	SERIAL NUMBER	NOMENCLATURE	COST
	NO BC	N/A	Computer Table Brown 48"	239.94
	NO BC	N/A	Computer Table Brown 48"	239.94
	NO BC	5001253048	Computer, 486DX2-66	2,074.00
	NO BC	6424HKD32041	Computer, Compag	2,015.00
	NO BC	S057027729D	Computer, Equium 5160DE	2,500.00
	NO BC	S057328249D	Computer, Equium 5160DE	2,500.00
	NO BC	S057028210D	Computer, Equium 5160DE	2,500.00
	NO BC	4433007987	Computer, Mdl VESA 486DX-33	1,429.00
	NO BC	HK1U843764	Container, Shipping 40'	2,000.00
	NO BC	N/A; PN28445	Containment System, 2-drum, hardtop	615.85
	NO BC	Y6917	Control Unit-Mdl 3274-C-61	4,180.00
	NO BC	2961AA	Control, Radio Set (NON-POST)	4,862.76
	NO BC	2962AA	Control, Radio Set (NON-POST)	4,862.76
	NO BC	N/A	Credenza	56.10
	NO BC	N/A	Credenza Metal Ofc	114.00
	NO BC	0287DD	CTRM S ANALQ-136(V)1	1,093.00
	NO BC	N/A	Cylinder Compressed Gas	200.00
	NO BC	N/A	Cylinder Compressed Gas	200.00
	NO BC	N/A	Desk	250.00
	NO BC	N/A	Desk alch L-unit	124.98
	NO BC	N/A	Desk alch L-unit	124.98
	NO BC	N/A	Desk alch L-unit	124.98
	NO BC	N/A	Desk DVP	100.00
	NO BC	N/A	Desk DVP	100.00
	NO BC	N/A	Desk DVP	100.00
	NO BC	N/A	Desk DVP	100.00
	NO BC	N/A	Desk DVP	100.00
	NO BC	N/A	Desk DVP	100.00
	NO BC	N/A	Desk DVP	100.00
	NO BC	N/A	Desk Double Pod	100.00
	NO BC	N/A	Desk Steel Gray	69.00
	NO BC	N/A	Desk, Computer Type/Wood Construction	400.00
	NO BC	N/A	Desk, Double	350.00
	NO BC	N/A	Desk, Oak Laminats; 60x30x29	350.00
	NO BC	3115	Detector, Radio Frequency	323.28
	NO BC	C077GD1	Digital Ans Machine	60.00
	NO BC	C077GD2	Digital Ans Machine	60.00
	NO BC	1611096002432000	Digital Headset Telephone	310.00
	NO BC	1611096005214000	Digital Headset Telephone	310.00
	NO BC	270U7	Display Station Type 3278-005	2,967.88
	NO BC	48M71	Display Station Type 3278-005	2,967.88
	NO BC	48M76	Display Station Type 3278-005	2,967.88
	NO BC	J2868	Display Station Type 3278-Mdl 002	2,960.00
	NO BC	J2871	Display Station w/keyboard-mdl 3278-002	2,960.00
	NO BC	S1382	Display Station w/keyboard-mdl 3278-002	2,960.00
	NO BC	S1383	Display Station w/keyboard-mdl 3278-002	2,960.00
	NO BC	C7536	Display Station w/keyboard-mdl 3279-03X	2,574.00
	NO BC	270U8	Display Station w/keyboard-mdl 3287-005	2,987.00

SECTION J
ATTACHMENT 14PIN/SIN: DAAH23-03-C-0345
MOD/AMD

Page 29 of 36

ATTC
GOVERNMENT FURNISHED PROPERTY LISTING

As of 3/17/03	SERIAL		
BAR CODE	NUMBER	NOMENCLATURE	COST
NO BC	48M77	Display Station w/keyboard-mdl 3287-005	2,867.00
NO BC	N/A	Drag Brace Tool, PN: 11743	540.00
NO BC	N/A	Drill Guide, General	48.25
NO BC	SHEA	Drill, 45 degree Angle	282.14
NO BC	SKBA	Drill, 90 degree Angle	382.14
NO BC	N/A	Drill, Pneumatic	270.16
NO BC	NA	Drum Truck (Dolly)	300.00
NO BC	N/A	Drycell Minigas Kit	1,475.00
NO BC	N/A	Electronic Caliper	100.00
NO BC	N/A	Electronic Caliper	172.92
NO BC	N/A	Electronic Caliper	172.92
NO BC	N/A	Extract Screw	316.00
NO BC	N/A	Filing Cabinet	160.02
NO BC	N/A	Filing Cabinet	160.02
NO BC	N/A	Filing Cabinet, 4 DRW	100.00
NO BC	N/A	Filing Cabinet, 5 DRW	100.00
NO BC	N/A	Gas Booster, PN: S486JN30	2,000.00
NO BC	N/A	Gas Booster, PN: S486JN30	150.00
NO BC	N/A	Generic Cadd Upgrade	100.00
NO BC	700352	GUIDED MSL TRNG M36	14,350.00
NO BC	700353	GUIDED MSL TRNG M36	14,350.00
NO BC	J0187	Helmet Unit Integrated(IHAADS)	7,708.00
NO BC	Z004	Helmet Unit Integrated(IHAADS)	11,900.00
NO BC	C0697	Helmet Unit Integrated(IHAADS)	15,270.00
NO BC	E1328	Helmet Unit Integrated(IHAADS)	
NO BC	J0282	Helmet Unit Integrated(IHAADS)	7,708.00
NO BC	J0321	Helmet Unit Integrated(IHAADS)	7,708.00
NO BC	K0079	Helmet Unit Integrated(IHAADS)	7,708.00
NO BC	U2272	Helmet Unit Integrated(IHAADS)	11,900.00
NO BC	N/A	Helmet, Flyers	176.08
NO BC	N/A	Helmet, Flyers	176.08
NO BC	N/A	Helmet, Flyers	176.08
NO BC	0054	Holding Fixture, TUR	707.00
NO BC	3265A82840	HP ScanJet IIc, Scanner	1,145.00
NO BC	301	IR JAM ANALQ-144(V)1	12,129.00
NO BC	1292	Jack Hyd Tripod 3 Ton	938.31
NO BC	1405	Jack Hyd Tripod 3 Ton	938.31
NO BC	N/A	Keyboard FC 4623 (comp of Display Station)	
NO BC	N/A	Keyboard FC 4623 (comp of Display Station)	
NO BC	N/A	Keyboard FC 4624	100.00
NO BC	N/A	Keyboard FC 4624 (comp of Display Station)	
NO BC	N/A	Keyboard FC 4652 (comp of Display Station)	
NO BC	12140890	Keyboard Mdl RT6875T	194.00
NO BC	A0730178	Keyboard Mdl RT6875T	129.00
NO BC	42242643	Keyboard, Compaq	100.00
NO BC	A2730367	Keyboard, RT6255T	100.00
NO BC	1000B1502G10150B	KIL Sonic 1000S Basic W/2 components	5,730.51
NO BC	2172	KY 100 RCU	4,861.00

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SECTION J
ATTACHMENT 14PINNINN: DAH13-03-C-0345
MOD/AMD

Page 31 of 36

ATTC
GOVERNMENT FURNISHED PROPERTY LISTING

As of 3/17/03 BAR CODE	SERIAL NUMBER	NOMENCLATURE	COST
NO BC	MC-30211917	Monitor, Color 14" SVGA	378.00
NO BC	MC-30801040	Monitor, SVGA Mdl 1510	374.00
NO BC	107011325	Monitor, Mitsubishi	800.00
NO BC	2180	MTU KY-100 Airlorn	12,861.00
NO BC	HS901272B	Oven, Microwave: GE	119.00
NO BC	2768	Parachute, BETA	11,684.00
NO BC	N4517	Parachute, Chalk Mdl. Prot Req w/Harness	1,425.00
NO BC	N/A	Partition	100.00
NO BC	N/A	Partition	100.00
NO BC	N/A	Partition	100.00
NO BC	N/A	Pedestal Fans	100.00
NO BC	N/A	Pedestal Module 3 Drawer	384.00
NO BC	25661	Port-a-Cool Fan, PN: PAC2K361S	1,995.00
NO BC	121001-001063	Power Supply, Battery	5,304.60
NO BC	N/A	PROCOMPLUS 3.0 Software Control #00540	99.95
NO BC	N/A	PROCOMPLUS 3.0 Software Control #00541	99.95
NO BC	N/A	PROCOMPLUS 3.0 Software Control #00542	99.95
NO BC	N/A	PROCOMPLUS 3.0 Software Control #00543	99.95
NO BC	N/A	PROCOMPLUS 3.0 Software Control #00544	99.95
NO BC	N/A	PROCOMPLUS 3.0 Software Control #00545	99.95
NO BC	N/A	PROCOMPLUS 3.0 Software Control #00546	99.95
NO BC	N/A	PROCOMPLUS 3.0 Software Control #00547	99.95
NO BC	N/A	PROCOMPLUS 3.0 Software Control #00548	99.95
NO BC	N/A	PROCOMPLUS 3.0 Software Control #00549	99.95
NO BC	N/A	PROCOMPLUS 3.0 Software Control #00550	99.95
NO BC	N/A	PROCOMPLUS 3.0 Software Control #00551	99.95
NO BC	N/A	PROCOMPLUS 3.0 Software Control #00552	99.95
NO BC	N/A	PROCOMPLUS 3.0 Software Control #00553	99.95
NO BC	N/A	PROCOMPLUS 3.0 Software Control #00554	99.95
NO BC	LBG-2A	Public Address System	400.00
NO BC	H0319	Radio Set AN/PRC-112	5,020.00
NO BC	H0242	Radio Set AN/PRC-112	5,020.00
NO BC	H1076	Radio Set AN/PRC-112	5,020.00
NO BC	H0285	Radio Set AN/PRC-112	5,020.00
NO BC	H0442	Radio Set AN/PRC-112	5,020.00
NO BC	H0160	Radio Set AN/PRC-112	5,020.00
NO BC	H0323	Radio Set AN/PRC-112	5,020.00
NO BC	H1058	Radio Set AN/PRC-112	5,020.00
NO BC	H1099	Radio Set AN/PRC-112	5,020.00
NO BC	H1065	Radio Set AN/PRC-112	5,020.00
NO BC	H0208	Radio Set AN/PRC-112	5,020.00
NO BC	H0274	Radio Set AN/PRC-112	5,020.00
NO BC	H0308	Radio Set AN/PRC-112	5,020.00
NO BC	H0218	Radio Set AN/PRC-112	5,020.00
NO BC	475FBQ0175	Radio, Handheld, Portable	481.00
NO BC	475FBQ0189	Radio, Handheld, Portable	481.00
NO BC	475FAC4520	Radio, 2 channel w/charger	481.00
NO BC	475FAC4345	Radio, 2 channel w/charger	481.00

[illegible]

SECTION J
ATTACHMENT 14PIN/SINN: DAAH23-03-C-0345
MOD/AMD

Page 33 of 36

ATTC
GOVERNMENT FURNISHED PROPERTY LISTING

As of 3/17/03			
BAR CODE	SERIAL NUMBER	NOMENCLATURE	COST
NO BC	N/A	Survival KT Overwater	858.00
NO BC	N/A	Survival KT Overwater	858.00
NO BC	N/A	Survival Shelter	163.68
NO BC	N/A	Survival Shelter	163.68
NO BC	N/A	Survival Shelter	163.68
NO BC	N/A	Survival Shelter	163.68
NO BC	N/A	Survival Shelter	163.68
NO BC	N/A	Survival Shelter	163.68
NO BC	N/A	Survival Shelter	163.68
NO BC	N/A	Survival Shelter	163.68
NO BC	N/A	Survival Shelter	163.68
NO BC	N/A	Survival Shelter	163.68
NO BC	N/A	Survival Shelter	163.68
NO BC	N/A	Survival Shelter	163.68
NO BC	N/A	Survival Shelter	163.68
NO BC	N/A	Survival Shelter	163.68
NO BC	N/A	Survival Shelter	163.68
NO BC	N/A	Survival Shelter	163.68
NO BC	N/A	Survival Shelter	163.68
NO BC	N/A	Survival Shelter	163.68
NO BC	N/A	Symantec Norton Utilities DOS 3.5 disks -2	100.00
NO BC	N/A	Table 45"	100.00
NO BC	N/A	Table computer, Pully 40"	171.28
NO BC	N/A	Table computer, Pully 60"	171.28
NO BC	N/A	Table Terminal Workstation 60"x30"x27"	149.41
NO BC	N/A	Table, 3x4	100.00
NO BC	N/A	Table, Adjustable	125.00
NO BC	N/A	Table, Administrative	100.00
NO BC	N/A	Table, Administrative	100.00
NO BC	N/A	Table, Computer	100.00
NO BC	N/A	Table, Computer	100.00
NO BC	N/A	Table, Computer, Non-adjustable	137.00
NO BC	N/A	Table, Metal	100.00
NO BC	N/A	Table, Metal	100.00
NO BC	N/A	Table, Mod. Blonde	100.00
NO BC	N/A	Table, Wood	100.00
NO BC	JBXC03126F	Telephone, Cordless	199.99
NO BC	KX-TG2583S	Telephone, Cordless	179.99
NO BC	N/A	Terminal Workstation Brown Non-Adjusting	149.40
NO BC	N/A	Terminal Workstation Brown Non-Adjusting	149.40
NO BC	102	Test Set, Vertical Display	12,384.00
NO BC	N/A	Tire Inflation Kit PN# 1075	500.00
NO BC	N/A	Tire Inflation Kit PN# 1075	500.00
NO BC	N/A	Tire Inflation Kit PN# 1075	500.00
NO BC	1J1184	Tool, Cutoff, Front Exhaust (3" Diameter)	349.00
NO BC	1J1185	Tool, Cutoff, Front Exhaust (3" Diameter)	349.00
NO BC	NOSN	Tool Set, Drive Shaft	501.50
NO BC	229B	Topper Stand, PN# TMSPEC	

SECTION J
ATTACHMENT 14PIN/SEN: DAAH23-03-C-0345
MOD/AMU

Page 34 of 36

ATTC
GOVERNMENT FURNISHED PROPERTY LISTING

As of 3/17/03 BAR CODE	SERIAL NUMBER	NOMENCLATURE	COST
NO BC	N/A	Tower Antenna COMMU	1,500.00
NO BC	N/A	Tower Radio, Antenna(Outside)	583.00
NO BC	N/A	Tower, Antenna RBX-60 (top of 30104)	742.50
NO BC	676639	TRAINER CAPTIVE FLT	32,110.00
NO BC	810030	TRAINER CAPTIVE FLT	3,510.00
NO BC	Component 1	Transducer, Spectrum C17L(Sonic 1000S Kit)	0.00
NO BC	Component 2	Transducer, Spectrum E6L(Sonic 1000S Kit)	0.00
NO BC	3FDW6588YMA19048	Truck, 4x2, Crew Cab Diesel (REG. CT2457)	47,211.50
NO BC	USANG17PM	Truck, Cargo 5/4 Ton M1028	14,141.00
NO BC	Q8A	TS-3651(ALQ-136(V))	57,174.00
NO BC	N/A	Typing Desk DTP	100.00
NO BC	KN#1	UH-80 Hub Kit(PNW SPCK-107A1-1/N2K)	1,075.00
NO BC	37643929	Vacuum Cleaner,Dust Motor	430.00
NO BC	0400000598317	Vacuum, 14" Light; Hoover Mdl v7068080	551.40
NO BC	4433007172	VESA B Computer Mdl 486DX-33	1,428.00
NO BC	N/A	Visual Obase Professional Ver 5.5	100.00
NO BC	N/A	Wood Table	100.00
NO BC	WS8-WS278	Work Platform, PN# 04-40431000	317.00
NO BC	WS4-WS275	Work Platform, PN# 04-40431000	317.00
NO BC	N/A	Workbench	100.00
NO BC	N/A	Workstation/Computer/Watnub/E4-BDY-WL	108.00
NO BC	N/A	Workstation/Computer/Watnub/E4-BDY-WL	109.00
NO BC	N/A	Wrench ST HYD OPN END	150.00
NO BC	N/A	Wrench ST HYD OPN END	150.00
NO BC	NA (SN:1)	Wrench,Torque	48.25
NO BC	NA (SN:2)	Wrench,Torque	48.25
NO BC	HU828S7048	Writer, C/D Plus	374.99
T0001	T0001	Cab Stor 55Hx36Wx50D	653.68
T0113	T0113	Pulley Kit, Universal	784.00
T0273	9201207	Dalafax Machine	2,985.00
T0444	T0444	Parachute,Nail 480	1,155.00
T0453	KA324TM338	Computer, DEC 433DXLP	1,893.00
T0513	3877023NA	Monitor, NEC, 3FGF	887.00
T0522	T0522	Parachute,Nail 480	1,155.00
T0531	JPBFO88678	Printer,Laserjet 4	1,980.00
T0576	LOT 83	Card, Fuel Servicing	5,000.00
T0581	T0581	Parachute,Nail 425	1,100.00
T0582	T0582	Parachute,Nail 425	1,100.00
T0654	1329689310	Jack, 5 Ton	1,703.00
T0775	2088775	Typewriter, Electronic Smith Corona 250DLE	99.95
T0844	T0844	Parachute,XTC 500 Seal	2,404.00
T0852	T0852	Cabinet, Lista MTC9005	672.52
T0854	T0854	Cabinet, Lista MTC9005	672.52
T0856	T0856	Cabinet, Lista 1350	828.00
T0858	T0858	Cabinet, Lista MTC9005	672.52
T0860	T0860	Cabinet, Lista MTC9005	672.52
T0861	T0861	Cabinet, Lista MTC9005	672.52
T0862	T0862	Cabinet, Lista MTC9005	672.52

SECTION J
ATTACHMENT 14PUNSN: DAAH23-03-C-0345
MOBAND

Page 35 of 36

AFTC
GOVERNMENT FURNISHED PROPERTY LISTING

As of 3/17/03			
BAR CODE	SERIAL NUMBER	NOMENCLATURE	COST
T0863	T0863	Cabinet, Lista MTC9005	672.52
T0864	T0864	Cabinet, Lista MTC9005	672.52
T0902	T0902	Cabinet, Lista MTC9005	2,785.00
T0972	4X29417ME	Monitor, NEC, 3FGE	697.00
T1129	0578	Test Set TS-24H	4,231.55
T1203	T1203	Parachute, XTC 500 Seal	2,104.00
T1222	T1222	Parachute, BETA	11,684.00
T1240	SYS 001	Auto Tool Inv Cntrl & Track Sys	3,500.00
T1247	T1247	Test Set: Avn Vib Ana	14,112.00
T1248	T1248	Test Set: Avn Vib Ana	14,112.00
T1270	WLOESZ	Truck Lf Diesel 1500LB	45,641.00
T1273	B41122	Shredder, Paper, C-1000	220.00
T1275	EFE0502203	Refrigerator, 2 Door	300.99
T1277	F1277	Adaptor, Bal Tail Rot	1,158.32
T1304	T1304	Fan, Floor	357.00
T1306	F1306	Fan, Floor	357.00
T1311	5719623LR	Monitor, NEC, XE17	1,105.00
T1312	T1312	Cabinet, Lista MTC9005	672.52
T1315	T1315	Cabinet, Lista MTC9005	672.52
T1318	T1318	Cabinet, Storage	786.00
T1319	T1319	Cabinet, Lista	672.52
T1320	T1320	Cabinet, Lista MTC9005	672.52
T1322	T1322	Cabinet, Lista	672.52
T1323	T1323	Cabinet, Storage	786.00
T1328	T1328	Cabinet, Lista MTC9005	672.52
T1355	T1355	Cabinet, Storage, Lista SD1350	744.37
T1380	T1380	Cabinet, Storage, Lista SD1350	744.37
T1396	T1396	Storage Rack	759.14
T1397	T1397	Storage Rack	759.14
T1432	1010-341	Main Plt Hyd Adj 10F	1,809.73
T1433	35	Maintenance Platform: Hyd Adj to 10'	1,809.73
T1435	T1435	Scale, Bench, Dlgllal	540.00
T1484	91862955100SK	Monitor, 17", DELL	739.00
TC001	94091300619	Barcode Reader, Portable	1,095.00
TC002	94102500121	Barcode Printer, Mdl 3000	1,347.00
TC003	TC003	Wedge Reader	300.00
TC004	3392231	Modem, Model Multi-Tech	760.00
TR1120	015	Caliper, Dial	141.84
TR1127	088	Powerdyne, "CBU" Applicator	17,529.00
TR1183	TR1183	UH60 Sing Engine Lifting	1,138.00
TR1186	483272	UH60 Universal Sing	730.00
TR1237	0214	ACFT Electronic Repair Kit	8,422.11
TR870	TR870	3/8" Torque Wrench	60.41
TR873	TR873	1/2" Torque Wrench	64.59
TR876	TR876	1/2" Torque Wrench	64.59
TR878	TR878	1/2" Torque Wrench	64.59
TR879	TR879	1/2" Torque Wrench	64.59
TR880	TR880	3/8" Torque Wrench	60.41

SECTION J
ATTACHMENT 14PH/SINN: DAAH23-03-C-0345
MOD/AND

Page 36 of 36

ATTC
GOVERNMENT FURNISHED PROPERTY LISTING

As of 3/17/83			
BAR CODE	SERIAL NUMBER	NOMENCLATURE	COST
TR884	CO126RZ	Caliper, Dial, Outside	123.50
TR928	TR928	Tensionmeter 10-200LBS	418.28
TR937	TR937	Check & Fill Unit, UH60	8,590.00
TR949	4247	Powerdyne, Multiplier	2,711.14
	# of Items 1584	Cost	4239,639.53